

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 22 1998 8:00am  
Secretary of State

DOCUMENT # N95000003119 (3)

1. Corporation Name

THE WHOLE WORD CHRISTIAN ACADEMY, INC.



Principal Place of Business

11410 LINCOLN BLVD.  
MIAMI FL 33176

Mailing Address

11410 LINCOLN BLVD.  
MIAMI FL 33176

3. Date Incorporated or Qualified

06/28/1995

4. FEI Number

64-0592266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CULMER WILLIAMS, DIANNE  
11410 LINCOLN BLVD.  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME CULMER WILLIAMS, DIANNE  
STREET ADDRESS 10960 SW 176 STREET  
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE  
NAME MALONE, CARLOS L., SR, BISHOP  
STREET ADDRESS 8241 SW 183 STREET  
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE  
NAME AMBLER, MAURICE  
STREET ADDRESS 8245 SW 184 LN  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME SANDERS, DONALD  
STREET ADDRESS 10731 SW 147 ST  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME FORT, RONALD  
STREET ADDRESS 13500 SW 108 ST CIR SOUTH  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME GODWIN, HENRY  
STREET ADDRESS 7701 SW 181 TERR  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elder Dianne Williams Culmer (Elder Dianne Williams Culmer)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)