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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003119

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

(NOTE: Registered Agent signature required when reinstating)

1/4/99
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, with all other like empowered.

SIGNATURE: **X**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 **305-235-1990**
Date Daytime Phone #

0034629

CR2E037 (11/98)