FILE NOW: FILING FEE IS $61.25

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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N95000005416 (1)

1. Corporation Name
WORD ALIVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
1019 NORTH TENNESSE AVENUE LAKELAND FL 33805	P.O. BOX 91540 LAKELAND FL 33804-1540

3. Date Incorporated or Qualified: 11/13/1995
3a. Date of Last Report: 10/21/1996

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 59-3358028 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PICKETT, EDGAR T III
604 WHITEHURST ST
LAKELAND FL 33805

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PICKETT, EDGAR T III		1.2 NAME		
STREET ADDRESS	604 WHITEHURST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	MCKINLEY, EARLEY		2.2 NAME	SMITH, GERALD	
STREET ADDRESS	317 TARAWA STREET		2.3 STREET ADDRESS	400 BEACON RD. WEST APT. 135	
CITY-ST-ZIP	LAKELAND FL 33805		2.4 CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	CEOD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PICKETT, EDGAR JR		3.2 NAME		
STREET ADDRESS	2050 POVIDENCE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	DESHAZOR-STEWART, GWENDOLYN		4.2 NAME	DESHAZOR-STEWART, GWENDOLYN	
STREET ADDRESS	1214 PROVIDENCE ROAD		4.3 STREET ADDRESS	713 WEST 3RD STREET	
CITY-ST-ZIP	LAKELAND FL 33805		4.4 CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	T	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	CORNELIUS, SHERYL		5.2 NAME	CORNELIUS, SHERYL	
STREET ADDRESS	704 S. MORGAN STREET		5.3 STREET ADDRESS	713 WEST 3RD STREET	
CITY-ST-ZIP	PLANT CITY FL 33566		5.4 CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: EDGAR T. PICKETT, JR Edgar T Pickett Jr. 2/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052715