

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90002 019 ****61.25

DOCUMENT # N97000001912

1. Corporation Name

STUDY OF THE WORD, INC.

Principal Place of Business

Mailing Address

4110 5TH AVE N
ST. PETERSBURG FL 33713
US

P O BOX 15728
ST. PETERSBURG FL 33733
US



2. Principal Place of Business 1 7234 1st Ave S.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 28 City & State St Petersburg, FL 29 Zip 33707 25 Country U.S.A. 30		3. Date Incorporated or Qualified 04/04/1997	
Suite, Apt. #, etc.		City & State		4. FEI Number 59-3436553	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
9. Name and Address of Current Registered Agent KOEVERING, JOEY R 790 LA PLAZA AVE., S. ST. PETERSBURG FL 33707				10. Name and Address of New Registered Agent 81 Name Joey R. Van Koevering 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

1. 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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEVERING, JOEY R	1.2 NAME	
STREET ADDRESS	790 LA PLAZA AVE., S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEVERING, KAYE M	2.2 NAME	Kaye M. Van Koevering
STREET ADDRESS	790 LA PLAZA AVE., S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DEBORAH L	3.2 NAME	
STREET ADDRESS	4728 FRONTAGE RD. NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN 37311	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLE, J. KONRAD	4.2 NAME	
STREET ADDRESS	11730-48TH PLACE NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MN 55442	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, EDWIN	5.2 NAME	
STREET ADDRESS	15 NE 9 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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:

Kaye M. Van Koevering
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/99
Date

(207) 347-2463
Daytime Phone #

CR2E037 (5/99)