

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999

## N97000001912 DOCUMENT #

1. Corporation Name

STUDY OF THE WORD, INC.

Principal Place of Business

4110 5TH AVE N ST. PETERSBURG FL 33713 US

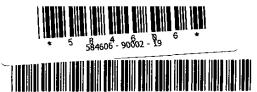
Mailing Address

P O BOX 15728

ST. PETERSBURG FL 33733

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

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



2. Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed					
7234-15t-AVE S. 26						04/04/1997			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4.	4. FEI Number			olied For
27						59-3436553			Applicable
City & State City & State					5.	. Certifcate of Status	Desired	<b>\$8.75</b> A Fee Re	
Zip Country Zip Cour					6. Election Campaign Financing S5.00 May Be				
33707 [25] U.S.A. [29] [30]						Trust Fund Contribu	- 11	Added to	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81 Name Joen R. Van Koevering					
KOEVERING, JOEY R				82 Street Address (P.O. Box Number is Not Acceptable)					
790 LA PLAZA AVE., S.				of other realises (1 to 1 do 1 to 1 to 1 to 1 to 1 to 1 to					
ST. PETERSBURG FL 33707									
or. Perenduction of Gordon				84 City 85 Zip Code					
			84	City			F	<b>FL</b>   85   Zip C	,000
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								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.									
•									l
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	gistered Age	nt signature (	required when	reinstating)	DATE		
2.	OFFICERS AND I	DIRECTORS	13.			ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTO	RS IN 12
TLE	DP DELETE		1.1 TITLE					Change	☐ Addition
AME	KOEVERING, JOEY R		1.2 NAME						
TREET ADDRESS	790 LA PLAZA AVE., S.		1.3 STREE	TADORESS	s				ļ
TY-ST-ZIP	ST. PETERSBURG FL 33707		1.4 CITY-S	T-ZIP	1			4	
TLE	VP □ DELETE		2.1 TITLE					Change	☐ Addition
4ME	KOEVERING: KAYE M		2.2 NAME		Have	Kaye M. Van Koevering .			
REET ADDRESS	790 LA PLAZA AVE., S.		2.3 STREET ADDRESS		ا برصور				
TY-ST-ZIP				T-ZIP					
TLE	ST DELETE		3.1 TITLE					☐ Change	☐ Addition
₩E	- ·		3.2 NAME						
REET ADDRESS	·		3.3 STREE	TADDRESS	s				
TY-ST-ZIP			3.4. CITY-5	3T-23P	-				
TLE			4.1 TITLE	_				☐ Change	☐ Addition
WE.	•		4. 2 NAME						
REET ADDRESS	,			T ADDRESS	3				
TY-ST-ZIP			4.4 CITY-S						
ILE			5.1 TITLE		1 -			Change	☐ Addition
WE	_		5.2 NAME						
REET ADDRESS			5.3 STREE	T ADDRESS	s				
TY-ST-ZIP			5.4 CITY-S	T-ZIP					
re	THOSE OF THE OCOTO	☐ DELETE	6.1 TITLE		<del>                                     </del>			Change	Addition
WE			6.2 NAME						
REET ADDRESS			6.3 STREE	T ADDRESS	s				
NEET ADDRESS			6.4 CITY-S						[
TY-ST-ZIP			B 0.7 OH (***)		1				

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.

**IGNATURE:**