FILE NOW: FILING FEE IS \$61.25

Mailing Address

P O BOX 20682

TALLAHASSEE FL 32316

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

TALLAHASSEE FL 32311

1020 SUTOR RD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700002371 (9)

TALLAHASSEE CHURCH OF THE LIVING WORD INC.

FILED
Mar 24 1998 8:00am
Secretary of State

Date Incorporated or Qualified 04/28/1997		
FEI Number	[A	pplied For
9-34 <i>70856</i>	N	ot Applicable
Certificate of Status Desired	•	Additional equired
Floating Composing Financing	AE OO	

2. Principal Place of Business 2a. Mailing Address 27 4960 Copy to Cir S.W. 26 4960 Copy to	Lir S.W. 5. Certific	ate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22	1	n Campaign Financing und Contribution	\$5.00 May Be Added to Fees	
City & State City & State Za TAllAhassee	F/ 7. is this r	7. Is this nonprofit corporation a homeowners association? Yes X No		
Zip Country Zip 323/0 3	1 9 - 4 1 1	rporation owes or has pald the cu al Property Tax due June 30.	irrept year Intangible Yes No	
9. Name and Address of Current Registered Agent	10. Name	10. Name and Address of New Registered Agent		
	81 Name			
DIXON, ROBERT REV 1020 SUTOR RD	82 Street Address (P.O. Box	2 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32311	83			
	84 City	Fi	85 Zip Code	

3.

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 1.1 TITLE TITLE DIXON, ROBERT NAME 1.2 NAME 1020 SUTOR RD STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32311 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition Change TITLE 2.1 TITLE MATTHEWS, LANGSTON 2.2 NAME NAME 1020 SUTOR RD STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32311 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE Addition Change TITLE TD 3.1 TITLE **BUSH, NATALIE** NAME 3.2 NAME 11801 ELM ST 3.3 STREET ADDRESS STREET ADORESS **QUINCY FL 32351** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition 4.1 TITLE TITLE **BURNS, TRACY** 4. 2 NAME 1020 SUTOR RD STREET ADDRESS 4.3 STREET ADDRESS ?310 TALLAHASSEE FL 32311 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP ■ Addition DELETE 6.1 TITLE 0<u>0</u>00024678**2**0*** TITLE -03/25/98--01005--026 6.2 NAME NAME

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.

6.3 STREET ADDRESS

CIONATURE.

STREET ADDRESS CITY-ST-ZIP

March 15, 1998 (1950-

***61.25

CR2E037 (10/97