

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 FEB 22 PM 1:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

0008494

DOCUMENT # N97000002371
1. Corporation Name
TALLAHASSEE CHURCH OF THE LIVING WORD INC.

Principal Place of Business: 3972 WOODVILLE HWY TALLAHASSEE FL 32311
Mailing Address: 3972 WOODVILLE HWY TALLAHASSEE FL 32311



2. Principal Place of Business: 21
2a. Mailing Address: 26
3. Date Incorporated or Qualified: 04/28/1997
4. FEI Number: 59-3470856
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: DIXON, ROBERT REV, 1020 SUTOR RD, TALLAHASSEE FL 32311
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83 City, 84 City, 85 Zip Code (FL)

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: DIXON, ROBERT	11 TITLE:	900002784149-4
STREET ADDRESS: 1020 SUTOR RD	CITY-ST-ZIP: TALLAHASSEE FL 32311	12 NAME:	
	<input type="checkbox"/> DELETE	13 STREET ADDRESS:	
		14 CITY-ST-ZIP:	-02/23/99--01036--001
TITLE: VD	NAME: MATTHEWS, LANGSTON	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1020 SUTOR RD	CITY-ST-ZIP: TALLAHASSEE FL 32311	22 NAME:	
	<input type="checkbox"/> DELETE	23 STREET ADDRESS:	*****61.25 *****61.25
		24 CITY-ST-ZIP:	
TITLE: TD	NAME: BUSH, NATALIE	31 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 11801 ELM ST	CITY-ST-ZIP: QUINCY FL 32351	32 NAME:	
	<input checked="" type="checkbox"/> DELETE	33 STREET ADDRESS:	T D Thelton Luke
		34 CITY-ST-ZIP:	3972 Woodville Hwy
TITLE: SD	NAME: PHELPS, LAURA	41 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4960 CAPITAL CIR. SW	CITY-ST-ZIP: TALLAHASSEE FL 32310	42 NAME:	
	<input type="checkbox"/> DELETE	43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE:	NAME:	51 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:		52 NAME:	
CITY-ST-ZIP:		53 STREET ADDRESS:	Recording T D
		54 CITY-ST-ZIP:	Nina S. Luke
		61 TITLE:	3972 Woodville Hwy
		62 NAME:	Tallahassee, FL 32311
		63 STREET ADDRESS:	
		64 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: [Signature] - Robert L. Dixon 2-22-99 850-342-3459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

CR2E037 (1/198)