

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	04/28/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3470856
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

DIXON, ROBERT REV
1020 SUTOR RD
TALLAHASSEE FL 32311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

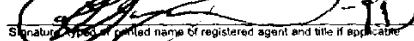
84 City

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



(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DIXON, ROBERT	1.2 NAME	9000002784149--4
STREET ADDRESS	1020 SUTOR RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	1.4 CITY-ST-ZIP	-02/23/99--01036--001
TITLE	VD	2.1 TITLE	
NAME	MATTHEWS, LANGSTON	2.2 NAME	
STREET ADDRESS	1020 SUTOR RD	2.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BUSH, NATALIE	3.2 NAME	Thelton Luke
STREET ADDRESS	11801 ELM ST	3.3 STREET ADDRESS	3972 Woodville Hwy
CITY-ST-ZIP	QUINCY FL 32351	3.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	SD	4.1 TITLE	
NAME	PHELPS, LAURA	4.2 NAME	
STREET ADDRESS	4960 CAPITAL CIR. SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Recording TD
NAME		5.2 NAME	NINA S. LUKE
STREET ADDRESS		5.3 STREET ADDRESS	3972 Woodville Hwy
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:  - Robert L. Dixon 2-22-99 850-342-3459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time/Phone #

0008494

CR2E037 (1/98)