

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002391 (7)
 1. Corporation Name
WORD ALIVE CHURCH, INC.



Principal Place of Business RT 3 BOX 798 MAYO FL 32066	Mailing Address RT 3 BOX 798 MAYO FL 32066
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3. Date Incorporated or Qualified 04/28/1997
4. FEI Number 67-3445651
Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business 11239 ST Rd 51	2a. Mailing Address RT3 Box 798
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Live Oak FL	28. City & State MAYO FL
24. Zip 32060	25. Country Swansea
29. Zip 32066	30. Country Lafayette

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NAIMAN, DALE RT 3 BOX 798 MAYO FL 32066		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
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 _____
 Signature typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAIMAN, DALE	1.2 NAME	
STREET ADDRESS	RT 3 BOX 798	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAIMAN, CONNIE	2.2 NAME	
STREET ADDRESS	RT 3 BOX 798	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHLYN Fleming	3.2 NAME	
STREET ADDRESS	1234 IRON WOOD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROKEN ARROW OK 74013	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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.

SIGNATURE: **DALE NAIMAN** *Dale Naiman* **4-20-98** **904-294-3100**

CF2E037 (10/97)