FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700002391

1. Corporation Name

WORD ALIVE CHURCH, INC.

Princip	al Pla	ce of	Busines
14000	CTATE	004	D 61

LIVE OAK FL 32060

2. Principal Place of Business

Mailing Address

RT 3 BOX 798 MAYO FL 32066

2a. Mailing Address

26

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FILED Apr 22, 1999 8:00 am § Secretary of State 04-22-1999 90086 031 ****61.25

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3. Date Incorporated or Qualifed

04/28/1997

Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number		App	lied For
22		27				59-3445651		Not	Applicable
City & State	9	City & State	. 4-		e-· .	5. Certifcate of Status Desired		- \$8.75 Ad Fee Req	1
Zip	Country	Zip	Coun	trv		6. Election Campaign Financing		\$5.00 N	Any Re
— ·	25	29	30	-,		Trust Fund Contribution		Added to	
24	9. Name and Address of Current					10. Name and Address of New I	Registered /		
	v. Name and Address of Californ	regiotered Agent		B1	Name			 	
			L						
naiman, i				82	Street Addre	ss (P.O. Box Number is Not Accept	able)		Ì
RT 3 BOX	79 8		_	83	··········				
MAYO FL	32066		'	03					
				84	City		FL	85 Zip Co	
office or re agent. I as SIGNATURE	to the provisions of Sections 617.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	f Florida. Such change was ons of, Section 617.0503, F	authorized florida Statut		named corpo he comporation	n's board of directors. I nereby acce	purpose of opt the appoin	changing its returnment as regi	egistered istered
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TM	E				Change	Addition
NAME	NAIMAN, DALE		1.2 NA	Æ					Ī
STREET ADDRESS	RT 3 BOX 798		1.3 STR	EET A	ADDRESS				1
CITY-ST-ZIP	MAYO FL 32066		1.4 CIT	r-st-	7IP				
TITLE	D	☐ DELETE	2.1 TITL					Change	☐ Addition
NAME	, -	-	2.2 NAA		1				ļ
	NAIMAN, CONNIE			_	ADDRESS				- 1
STREET ADDRESS	RT 3 BOX 798				l l				,
CITY-ST-ZIP	MAYO FL 32066	☐ DELETE	2.4 CfT 3.1 TITL		- ZIP	~	, .	Change	Addition
TITLE	D	C SELECT							
NAME	FLEMING, KATHLYN		3.2 NAM		_				
STREET ADDRESS	1234 IRONWOOD		3.3 STF	EET A	NODRESS				
CETY-ST-ZIP	BROKEN ARROW OK 74013		3.4. CIT	_	-ZIP				
TITLE		☐ DELETE	4.1 7777	£	1			Change	☐ Addition
NAME			4, 2 NA	ME					
STREET ADDRESS			4.3 STF	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	5.1 TITL	Æ				Change	☐ Addition
NAME			5.2 NAA	Æ	.]				
STREET ADDRESS			5.3 STF	EET A	ADDRESS	•			
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	6.1 TITI	Æ				☐ Change	☐ Addition
NAME			6.2 NA	ΛE					İ
			6,3 STF	REET	ADDRESS				
STREET ADDRESS			6.4 CIT						
CITY-ST-ZIP			0.4 (11		411				

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 place like empowered.