

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # **N97000004886 (4)**

1. Corporation Name

LIVING WORD OF GOD MINISTRIES, INC.

Principal Place of Business

Mailing Address

**118 1/2 N WOODLAND BLVD. SUITE 1
DELAND FL 32720**

**118 1/2 N WOODLAND BLVD. SUITE 1
DELAND FL 32720**



2. Principal Place of Business	2a. Mailing Address
21 890 N. BOUNDARY AVE.	26 890 N. BOUNDARY AVE.
22 Suite, Apt. #, etc. SUITE 102	27 Suite, Apt. #, etc. SUITE 102
23 City & State DELAND, FLORIDA	28 City & State DELAND, FLORIDA
24 Zip 32720-3131 Country USA	29 Zip 32720-3131 Country USA

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

59-3462931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RILEY, DOLORES T REV
118 1/2 N WOODLAND BLVD, SUITE 1
DELAND FL 32720**

81 Name	RILEY, DOLORES T, REV (SAME)
82 Street Address (P.O. Box Number is Not Acceptable)	890 N. BOUNDARY AVE.
83	SUITE 102
84 City	DELAND
85 State	FL
86 Zip Code	32720

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RILEY, DOLORES T REV	
STREET ADDRESS	118 1/2 N WOODLAND BLVD, SUITE 1	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVERER, LINDA C REV	
STREET ADDRESS	118 1/2 N WOODLAND BLVD, SUITE 1	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINN, ARTHUR E	
STREET ADDRESS	2278 CHAPEL HILL DRIVE	
CITY-ST-ZIP	GLENWOOD FL 32720	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RILEY, DOLORES T REV	
1.3 STREET ADDRESS	890 N. BOUNDARY AVE., SUITE 102	
1.4 CITY-ST-ZIP	DELAND, FL 32720-3131	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVERER, LINDA C REV	
2.3 STREET ADDRESS	890 N. BOUNDARY AVE, SUITE 102	
2.4 CITY-ST-ZIP	DELAND, FL 32720-3131	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: **Reverend Dolores T. Riley/REV. DOLORES T. RILEY** 2/13/98 904/736-4420

CR2E037 (10/97)