FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700006713 (8)

THE LIVING WORD ASSEMBLY, INC.

FILED
May 11 1998 8:00am
Secretary of State

A LOGICIO DE COMO COME CONTRACTO DE LA COME COMO PRESE DE COMO COMO COMO COMO COMO

Principal Place of Business Mailing Address											14 11 020 1411 1221
615 STAFFORD LANE PENSACOLA FL 32506			615 STAFFORD LANE PENSACOLA FL 32506						Date Incorporated or Qualified 12/03/1997		· · · · · · · · · · · · · · · · · · ·
!									4. FEI Number		Applied For Not Applicable
2. Principal P	lace of Busi	ness	2a. Mailing Address							40.7	Additional
21 Sulte Ant # etc			26	26					5. Certificate of Status Desired	****	Required
Suite, Apt. #, etc.			Ц	Sulte, Apt. #, etc.					6. Election Campaign Financing		May Be
22 City & State			27	City & State					Trust Fund Contribution		to Fees
23 City & State			28	¬ ˙				7. Is this nonprofit corporation a homeowners association?			
I ZID	Country			Zip Cou		ountry	untry		8. This corporation owes or has paid th		Intangible
24	25		20						Personal Property Tax due June 30.	Yes 🗌	No No
9. Name and Address of Curre				egistered Agent			Name		10. Name and Address of New Registe	ered Agent	
COLEMA	M DODE	THA				81					
COLEMAN, DOREATHA 4925 SPRINGHILL DRIVE							Street .	Addres	ss (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32503						83	 				
						84	City	· · · · · · · · · · · · · · · · · · ·		85 Zi	p Code
						11'				PL	•
11. Pursuant office or r agent. I a	to the provis registered ag ım familiar w	sions of Sections 617.0502 gent, or both, in the State ith, and accept the obliga	2 and 6 of Floric itions of	17.1508, Florida Statu da. Such change was f, Section 617.0503, Fl	tes, the authoria lorida S	above zed by statutes	e-named y the corp s.	corpo poratio	ration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing a appointment	j its registered as registered
SIGNATURE .	Signature hone	or printed name of registered ager	at most title	Hannicable (NO	TF Baciste	ered Ace	ent eksneture	required	when reinstating) D.	ATE	
			ND DIRECTORS 1						ADDITIONS/CHANGES TO OFFICERS	-	ORS IN 12
TITLE	PID			DELETE		1.1 TITLE				☐ Chang	e
NAME	1	AN, DOREATHA			1.2	2 NAME					
STREET ADDRESS		PRINGHILL DRIVE COLA FL 32503					ADDRESS				
CITY-ST-ZIP TITLE	VPD	OLA PL 32303		☐ DELETE	_	<u>4 CITY-S</u> 1 TITLE	ST-ZIP	 	· · · · · · · · · · · · · · · · · · ·	Chang	e 🔲 Addition
NAME	1	AN, MICHAEL			_	NAME				L.J CHANG	ווטואנטטא בן
STREET ADDRESS		PRINGHILL DRIVE			1		ADDRESS				
CITY-ST-ZIP	PENSAC	OLA FL 32503				4 CITY-5					
TITLE	SD			DELETE 3,1 T		TITLE			•••	Change	Addition
NAME		EY, GAYNELL	0400		3.2	2 NAME		•			
STREET ADDRESS		ORTH 9TH AVENUE #	2108				ADDRESS	l			
CITY-ST-ZIP	FENSAL	OLA PL 32303		☐ DELETE		I. CITY - S	ST-ZIP	ļ <u></u> -		Chang	a Addition
TITLE NAME				C OFFER		1 TITLE 2 NAME				L Change	· L.J AUDIGUN
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP						CITY-S					
TITLE				DELETE	_	TITLE	-			Change	B Addition
HAME					5.2	NAME					
STREET ADDRESS					5.3	STREET	ADDRESS				
CITY-ST-ZIP						CITY-S	T-ZIP				To a due
TIFLE				☐ DELETE	6.1	TITLE		1		☐ Change	Addition

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:

STREET ADDRESS

Schaller Colors

5-1-98

(850) 505-7807