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**Apr 19, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N98000007016

1. Corporation Name  
**WORSHIP & THE WORD, INC.**

Principal Place of Business: 875 WILMETTE AVE. ORMOND BEACH FL 32174  
 Mailing Address: 875 WILMETTE AVE. ORMOND BEACH FL 32174



2. Principal Place of Business 21 <b>2 Sea Side Ct.</b>	2a. Mailing Address 26 <b>2 Sea Side Ct.</b>	3. Date Incorporated or Qualified <b>12/11/1998</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>59-3547258</b>
23 City & State <b>Palm Coast, FL</b>	28 City & State <b>Palm Coast, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>32164</b>	29 Zip <b>32164</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25 Country <b>Flagler</b>	30 Country <b>Flagler</b>	

9. Name and Address of Current Registered Agent <b>SHARP, DAVID P 875 WILMETTE AVE. ORMOND BEACH FL 32174</b>	10. Name and Address of New Registered Agent 81 Name <b>David P. Sharp</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2 Sea Side Ct.</b> 83 84 City <b>Palm Coast</b> FL 85 Zip Code <b>32164</b>
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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: David P. Sharp DATE: 4/12/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHARP, DAVID P</b>		1.2 NAME <b>David P. Sharp</b>	
STREET ADDRESS <b>875 WILMETTE AVE., #912</b>		1.3 STREET ADDRESS <b>2 Sea Side Ct.</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL 32174</b>		1.4 CITY-ST-ZIP <b>Palm Coast, FL 32164</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHARP, TAMARA W</b>		2.2 NAME	
STREET ADDRESS <b>875 WILMETTE AVE., #912</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORMOND BEACH FL 32174</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Tr</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NICHOLS, CHARLES D</b>		3.2 NAME <b>Charles D. Nichols</b>	
STREET ADDRESS <b>30 SANCHEZ AVE.</b>		3.3 STREET ADDRESS <b>30 Sanchez Ave.</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL 32174</b>		3.4 CITY-ST-ZIP <b>Ormond Beach, FL 32174</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>Tr</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Jon Palumbo</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>100 Bent Tree Rd. Apt #172</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>	
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, with all other like empowered.

SIGNATURE: David P. Sharp DATE: 4/12/99 DAYTIME PHONE #: (904) 437-4344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)