

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764274

1. Entity Name

LIVING WORD FELLOWSHIP, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90221 034 ****61.25

Principal Place of Business

1815 WILSON AVE
 PANAMA CITY FL 32405

Mailing Address

1815 WILSON AVE
 PANAMA CITY FL 32405

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-2219457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HALL, KEN
 2523-B CEDAR LANE
 PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
 NAME **JOHNS, LARRY**
 STREET ADDRESS **1728 PALMETTO AVE.**
 CITY-ST-ZIP **PANAMA CITY FL 32401-1021**

TITLE **PD** ☐ Delete
 NAME **HALL, KEN**
 STREET ADDRESS **2523-B CEDAR LANE**
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE **SD** ☐ Delete
 NAME **FRIEND, RODNEY**
 STREET ADDRESS **1804 SUTHERLAND RD**
 CITY-ST-ZIP **LYNN HAVEN FL**

TITLE **TD** ☐ Delete
 NAME **LAMB, DARRIEL**
 STREET ADDRESS **1205 DUNDEE LN**
 CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **RODNEY FRIEND** 5-1-01 769-0272

CR2E037 (10/00)