2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State
09-11-2003 90093 048 ****70.00

DOCUMENT # 764274

1. Entity Name
LIVING WORD FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
1815 WILSON AVE PANAMA CITY FL 32405	629 HWY 231 PANAMA CITY FL 32405

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE ☐ 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: MILLER, HAYWARD L.
Street Address (P.O. Box Number is Not Acceptable): 2707 FEROL LANE
City: LYNN HAVEN **FL** Zip Code: 32444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] HAYWARD L. MILLER, PRESIDENT SEPTEMBER 8, 2003
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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNS, LARRY 1728 PALMETTO AVE. PANAMA CITY FL 32401-1021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILLER, HAYWARD L 2707 FEROL LANE LYNN HAVEN FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRIEND, RODNEY 1804 SUTHERLAND RD LYNN HAVEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDSD MCCUEN, MICHAEL A 1608 MISSISSIPPI AVENUE LYNN HAVEN FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD McCUEN, MICAEL A 1608 MISSISSIPPI AVENUE LYNN HAVEN, FL 32444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALFORD, SUSAN 1815 WILSON AVENUE PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDSD KIRCHOFF, DANIEL A 1925 FRANKFORD AVENUE PANAMA CITY, FL 32405	☐ Change ☒ Addition

CR2E037 (4/03)

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 REQUIRED HAYWARD L. MILLER 9-8-2003 850 769 0272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #