

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27389

1. Entity Name

LIVING WORD INTERNATIONAL, INC.

Principal Place of Business

7255 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463

Mailing Address

7255 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, MIKE
398 W CAMINO GARDENS BLVD #206
BOCA RATON FL 33432

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
After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
VAUGHN, GERALD W., II
7255 S. MILITARY TR
LAKE WORTH FL 33436

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LARSEN, CARL L
14511 STRIPRUP LANE
WEST PALM BEACH FL 33414

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
BRIGGS, DAVID
1835 CARANDIS RD
WEST PALM BEACH FL 33416

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
VAUGHN, TERESA
7255 S. MILITARY TRAIL
LAKE WORTH FL 33436

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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:

Jonathan B. Lawrence

7-20-01

501 965-4166

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90026 025 ****61.25

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (5/01)