

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91346 037 ****61.25

DOCUMENT # *N27389*

1. Entity Name

Living Word International, Inc.

(NCLW)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7255 S. Military Trail
Suite, Apt. #, etc.

3. Mailing Address

7255 S. Military Trail
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

Not applicable

Applied For

☒ **Not Applicable**

Zip
33463

Country
USA

Zip
33463

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Watson, Mike*

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

398 West Camino Gardens Blvd. 206

City *Boca Raton*

FL

Zip Code
33432

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$81.25
Initial or Amended UBR**

**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
Gerald W. Vaughn II
7255 S. Military Trail
Lake Worth, FL 33463*

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

*DS
Larsen, Carl L.
14511 St. Irup Lane
West Palm Beach, FL 33414*

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

*DVS
Briggs, David
1835 Candis Rd.
West P 33416*

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

*ST
Vaughn, Teresa
7255 S. Military Trail
Lake Worth, FL 33463*

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-02

Date

561-965-4166

Daytime Phone #

CR2E037B (12/01)