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

## **DOCUMENT # N50698**

1. Entity Name

THE WORD ALIVE FELLOWSHIP, INC.



## FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90162 045 \*\*\*\*61.25

THE WORK	D ALIVE I ELECTROISII ; IIIO	•									
Principal Place of Business 8730 SATELITE TERR LAKE PARK FL 33403		8730 8	ng Address SATELITE TERR PARK FL 33403		<u> </u>						
2. Principal Place of Business			iling Address						<b>                                    </b>		
Suite, Apt. #, etc.			uite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 6	4. FEI Number <b>65-0391333</b> Applied For Not Applicable				
Zip Country			p	Cou	untry	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent							tress of New Regis			3.5	]
2		ساري په اتد پ	المساوسية التواج سيب س	<b>~~~</b>	. Name					•	
	ELITE TERR				Street Addr	ress (P.O. Box Number is	Not Acceptable)				}
LAKE PARK FL 33403					City	ty		FL Zip Code			1
	named entity submits this statement ions of registered agent.	for the pur	oose of changing its	register	ed office or reg	gistered agent, or both, in	the State of Florida	ı. I am far	niliar with,	and accept	1
ine obligati	ions or registered agent.										
SIGNATURE -	Signature, typed or printed name of registered age	nt and title if ap	plicable. (NOTE	E: Registere	ed Agent signature re	equired when reinstating)		DATE			
				-						_	1
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Florida i		Payable nent of S		
10.	OFFICERS AND D	IRECTORS	<u> </u>	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRE	CTORS IN	l 10	1
TITLE	PD		☐ Delete TITL		E		<del></del>	[	Change	☐ Addition	3
NAME	BEW, ROBERT	/		NAM							1
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NAME STREET ADDRESS				NAM STRE	eet address						
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12. Thereby o	Lcertify that the information supplied wi	th this filing	does not qualify for	r the exe	emption stated	in Section 119.07(3)(i), F	lorida Statutes. I fur	ther certify	y that the ir	nformation	1

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.

561-630-5119