

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005323

1. Entity Name

LIVING WORD CHRISTIAN FELLOWSHIP, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90058 049 \*\*\*\*61.25

Principal Place of Business 4719 NORTH MONROE TALLAHASSEE FL 32303	Mailing Address 4719 NORTH MONROE TALLAHASSEE FL 32303-7011
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DO NOT WRITE IN THIS SPACE

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 <b>59-3410636</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

MERCIER, BRYCE  
 4719 NORTH MONROE  
 TALLAHASSEE FL 32303

**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		<input type="checkbox"/> Delete
TITLE	<b>D</b>	
NAME	MERCIER, BRYCE	
STREET ADDRESS	4719 NORTH MONROE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	<b>D</b>	
NAME	MERCIER, DIANE	
STREET ADDRESS	4719 NORTH MONROE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	<b>D</b>	
NAME	FOLLAUER, MICHAEL	
STREET ADDRESS	4850 RAMELEWOOD DR	
CITY-ST-ZIP	COLORADO SPRINGS CO 80920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Follauer, Michaela		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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]* **REQUIRE** President **5-8-00** **850-514-7477**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)