

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 30, 2002 8:00 am
Secretary of State

05-14-2002 90106 001 ***183.75

DOCUMENT # N96000005323

1. Entity Name

LIVING WORD CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

**4719 NORTH MONROE
TALLAHASSEE FL 32303**

Mailing Address

**4719 NORTH MONROE
TALLAHASSEE FL 32303**

2. Principal Place of Business

3434 N. MONROE ST.

3. Mailing Address

3434 N. MONROE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL.

City & State

TALLAHASSEE FL.

Zip

Country

Zip

Country

32303

4. FEI Number

59-3410636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

4-22-02

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MERCIER, BRYCE**
CITY-ST-ZIP **4719 NORTH MONROE
TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MERCIER, DIANE**
CITY-ST-ZIP **4719 NORTH MONROE
TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FEHLAUER, MICHAEL**
CITY-ST-ZIP **4850 RAMELEWOOD DR
COLORADO SPRINGS CO 80920**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WATTS, JAMES**
CITY-ST-ZIP **9027 SW 75TH WAY
GAINESVILLE FL 32608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **652 Loop 337**
CITY-ST-ZIP **New Braunfels, TX 78130**

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

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

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-28-02

CR2E037 (9/01)