

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

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90119 015 ****61.25

0001959

DOCUMENT # N96000005323

1. Entity Name
LIVING WORD CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business Mailing Address

**3434 N. MONROE ST.
TALLAHASSEE FL 32303** **3434 N. MONROE ST.
TALLAHASSEE FL 32303**

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 **59-3410636** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MERCIER, BRYCE
STREET ADDRESS	4719 NORTH MONROE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	D <input type="checkbox"/> Delete
NAME	MERCIER, DIANE
STREET ADDRESS	4719 NORTH MONROE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	D <input type="checkbox"/> Delete
NAME	FEHLAUER, MICHAEL
STREET ADDRESS	652 LOOP 337
CITY-ST-ZIP	NEW BRAUNFELS TX 78130
TITLE	D <input type="checkbox"/> Delete
NAME	WATTS, JAMES
STREET ADDRESS	9027 SW 75TH WAY
CITY-ST-ZIP	GAINESVILLE FL 32608
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

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	
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: _____ **REQUIRED** **7/9/03 (850) 502-0200**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (4/03)