

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769148

1. Entity Name

LIVING WORD INTERNATIONAL MINISTRIES AND FELLOWS

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90057 012 ****61.25

Principal Place of Business

Mailing Address

1291 FOOTE MCCLELLAN RD
COLBERT GA 30628
US

1291 FOOTE MCCLELLAN RD
COLBERT GA 30628-2346
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1500184

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSHING, CHARLOTTE
4924 STEELDUST LN
LUTZ FL 33549

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SMITH, ARNOLD P
STREET ADDRESS 1291 FOOTE MCCLELLAN RD
CITY-ST-ZIP COLBERT GA

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

TITLE VD ☐ Delete
NAME SMITH, BETTY J
STREET ADDRESS 1291 FOOTE MCCLELLAN RD
CITY-ST-ZIP COLBERT GA

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

TITLE ☐ Delete
NAME RUSHING, CHARLOTTE
STREET ADDRESS 4924 STEELDUST LANE
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete
NAME CHANDLER, SAMMY
STREET ADDRESS 4562 W MAIN ST
CITY-ST-ZIP TUPELO MS 38801

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

TITLE D ☐ Delete
NAME DAVIS, DENNIS
STREET ADDRESS 503 PIONEER
CITY-ST-ZIP SHENANDOAH IO 51601

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

TITLE ☐ Delete
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:

Arnold P. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

706-546-0505

Daytime Phone #

CR2E037 (9/99)