

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769527

1. Entity Name

LIVING WORDS, INC.

FILED

Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90042 035 ****61.25

Principal Place of Business

1580 MURDOCK ROAD
MARIETTA GA 30062

Mailing Address

1580 MURDOCK ROAD
MARIETTA GA 30062

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

58-1291607

Applied For

Not Applicable

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	FULTON, CHARLES B JR	1580 MURDOCK RD	MARIETTA GA 30062	<input type="checkbox"/>
DV	FULTON, JUDITH B.	1580 MURDOCK RD	MARIETTA GA 30062	<input type="checkbox"/>
DS	MOSLEY, CHERYL F	4210 Lake Point Circle	Roswell, GA 30075	<input type="checkbox"/>
D	OSGOOD, SUSAN	1340 TENNESSEE WALKER DRIVE	ROSWELL GA 30075	<input checked="" type="checkbox"/>
D	Douglas B. DeBolt	2010 Murdock Rd.	Marietta, GA 30062	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

770-714-8572