## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 10, 2001 8:00 am § Secretary of State DOCUMENT # N0000002086 1. Entity Name 05-10-2001 90179 004 \*\*\*\*61.25 LIVING LIGHT WORLD CHURCH, INC. Principal Place of Business Mailing Address 1425 BUGLE LANE 1425 BUGLE LANE CLEARWATER FL 33764 CLEARWATER FL 33764 3. Mailing Address 2. Principal Place of Business PO Box 328 Dorothy Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Clear water Applied For City & State 4. FEI Number ARGO Not Applicable Country \$8:75\*Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dennard Jr s (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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. gistered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition **PSTD** TITLE TITLE ☐ Delete NAME NAME DENNARD, ROBERT L JR 1328 DOROTHY DRIVE STREET ADDRESS STREET ADDRESS 1425 BUGLE LANE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** Change Addition TITLE ☐ Delete NAME NAME DENNARD, ROSIBEL V . 1328 DONDTHY DRIVE STREET ADDRESS STREET ADDRESS 1425 BUGLE LANE ---CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 Change ☐ Delete ☐ Addition TITLE TITLE NAME TEMPLETON, ROSEMARIE NAME 1328 DOROTHY DRIVE STREET ADDRESS STREET ADDRESS 1425 BUGLE LANE CITY-ST-ZIP CITY-ST-ZIE CLEARWATER FL 33764 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.