## **FILED** Jun 30, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBM) **Secretary of State** DOCUMENT # **N00000002086** 05-19-2002 90053 030 \*\*\*\*61.25 LIVING LIGHT WORLD CHURCH, INC. Principal Place of Business Mailing Address 80400 103 DOROTHY DRIVE CLEARWATER FL 33764 P.O. BOX 1421 LARGO FL 33779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEJ Numbe Applied For 59-3643198APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DENNARD, ROBERT L. JR 1328 DOROTHY DRIVE **CLEARWATER FL 33764** City 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 ed agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE PSTD Defete TITLE ☐ Change ☐ Addition DENNARD, ROBERT L JR NAME NAME STREET ADDRESS 1328 DOROTHY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** Addition TITLE Delete TITLE □ Сћапре DENNARD, ROSIBEL V NAME NAME STREET ADDRESS STREET ADDRESS 1328 DOROTHY DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 TITLE TITLE ~~ TEMPLETON, ROSEMARIE NAME NAME 1328 DOROTHY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 D) Harry Manuel Hurston TITLE ☐ Delete TITLE D)Harry Manuel Hurston NAME 1050' Starkey Roc. # 2601 NAME 1050 Starkey Rd #2601 STREET ADDRESS CTREET CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

□ Defete

TITLE 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 charged, or on an attachment with an appears in Block 10 or Block 11 if

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Addition