

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90724 030 ****61.25

DOCUMENT # N00000003158

1. Entity Name

LIVING WORD FAMILY LIFE CENTER, INC.



Principal Place of Business

**4601 JUDY COURT
ORLANDO FL 32839**

Mailing Address

**POST OFFICE BOX 560245
ORLANDO FL 32856**

2. Principal Place of Business

**4601 JUDY COURT
Suite, Apt. #, etc.
ORLANDO FL**

3. Mailing Address

**PO BOX 560245
Suite, Apt. #, etc.**

City & State

ORLANDO FL

Zip

32839

Country

Zip

32856

Country

4. FEI Number **59-3644697**

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

**HAGEN, LONNIE
4601 JUDY COURT
ORLANDO FL 32839**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/03

FILE NOW: FEE IS \$61.25

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 **PCD** ☐ Delete
NAME **HAGEN, LONNIE D**
STREET ADDRESS **POST OFFICE BOX 560245**
CITY-ST-ZIP **ORLANDO FL 32856**

TITLE **VSD** ☐ Delete
NAME **SHINDOLL, FLORALEE**
STREET ADDRESS **4601 JUDY COURT**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **TD** ☐ Delete
NAME **HAGEN, NICOLE**
STREET ADDRESS **POST OFFICE BOX 560245**
CITY-ST-ZIP **ORLANDO FL 32856**

TITLE **D** ☐ Delete
NAME **DIESCHBOURG, GARY**
STREET ADDRESS **522 S. HUNT CLUB BLVD.**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ Delete
NAME **VILLALBA, JOSE**
STREET ADDRESS **115 LINDENWOOD LANE**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

3/14/03

CR2E037 (10/02)