

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003369

1. Entity Name

LIVING WORD CRUSADES, INC.

Principal Place of Business

5158 US 19
NEW PORT RICHEY FL 34652

Mailing Address

5158 US 19
NEW PORT RICHEY FL 34652

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BENSON, DONALD E SR.
9914 WHITWORTH CT.
NEW PORT RICHEY FL 34655

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.

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

TITLE D ☐ Delete
NAME EDWARDS, LARRY DR.
STREET ADDRESS 6300 RUNGE FOREST
CITY-ST-ZIP BARNHARDT MO 63012

TITLE D ☐ Delete
NAME BENSON, DONALD E SR.
STREET ADDRESS 9914 WHITWORTH CT.
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D ☐ Delete
NAME STOLL, WILLIAM A II
STREET ADDRESS 13431 HICKS RD.
CITY-ST-ZIP HUDSON FL 34669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE SEC., TREAS. ☐ Change ☒ Addition
NAME BENSON, BOBBE- JEAN
STREET ADDRESS 9914 WHITWORTH CT
CITY-ST-ZIP NEW PORT RICHEY, FL. 34655

TITLE D. ☐ Change ☒ Addition
NAME AMENQUAL, RAFAEL
STREET ADDRESS 7441 S.W. 127th AVE
CITY-ST-ZIP Miami, FL. 33183

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: *Donald E Benson* DONALD BENSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02 (727) 849-4735



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

FILED

Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90005 044 ****61.25