**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 31, 2001 8:00 am Secretary of State DOCUMENT # N0000005718 08-15-2001 90007 030 \*\*\*\*61.25 LIVING WORD EVANGELICAL MINISTRY, INC. Mailing Address Principal Place of Business 48 SO. NORMANDALE AVENUE 46 SO. NORMANDALE AVENUE ORLANDO FL 32835 ORLANDO FL 32835 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. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BARTLEY, GENEVA T 46 SO. NORMANDALE AVENUE ORLANDO FL 32835 City Zip Code FL 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 Fiorida (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE X Addition ☐ Change LEROY L. BARTLEY NAME NAME 46 SO. NOAMANDALE AVE. STREET ADDRESS STREET ADDRESS COY-SI-ZIP CITY-ST-ZIP DRLANDO FL ITTLE ☐ Delete TITLE **Addition** GENEVA T. BARTLEY T. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP · ORIANDO, FL 31835 TITLE ☐ Delete TIFLE ☐ Change Addition EROY L. BARTLEY NAME 46 SO. NORMANDALE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 32835 PRLANDO, TITLE TIME ☐ Delete ☐ Change Addition GENEYA T. BAATLEY 46 SO. NOAMANDALE AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32835 DALANDO, FL mu TITLE Defete ☐ Change Addition REGINALD D. HICKS 7 219 LIME AVENUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALANDO, FL 32805 CITY-ST-ZIP IIILE Delete TITLE Change Addition EMANK WOOD AAD CERCLE NAME NAME STREET ADDRESS STREET ADDRESS ORLANDO, FL 32835 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. SIGNATURED 08 10-01