

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005957

1. Entity Name

DAILY WORD MINISTRIES, INC.

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90025 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1341 COPELAND STREET  
LIVE OAK FL ~~32060~~

1341 COPELAND STREET  
LIVE OAK FL ~~32060~~

32064

32064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3688875

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, FRANK C  
1341 COPELAND STREET  
LIVE OAK FL ~~32060~~

32064

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	DP	<input type="checkbox"/> Delete
NAME	DAVIS, FRANK C	
STREET ADDRESS	1341 COPELAND STREET	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAVIS, AMANDA R	
STREET ADDRESS	1341 COPELAND STREET	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LAURA L	
STREET ADDRESS	1341 COPELAND STREET	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32064	
TITLE	OST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Amanda R	
STREET ADDRESS	1341 Copeland Street	
CITY-ST-ZIP	Live Oak, FL 32064	
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LESLIE A.	
STREET ADDRESS	1128 Ocala Road Apt D-5	
CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

386-364-4800

Date

Daytime Phone #

CR2E037 (9/01)