2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00758

1. Entity Name

THE WORD CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
8216 N 13TH ST TAMPA FL 33604	8216 N 13TH ST TAMPA FL 33604-3238 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number **59-2657934**	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
ANTON, ALICE, REV. 7408 HENRY DR LAND O LAKES FL 34639	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		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **PD** ☐ Delete NAME **ANTON, ALICE, REV.** STREET ADDRESS **7408 HENRY DR.** CITY-ST-ZIP **LAND O'LAKES FL**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE **TD** ☐ Delete NAME **ANTON DAVID, REV.** STREET ADDRESS **7408 HENRY DR.** CITY-ST-ZIP **LAND O'LAKES FL**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE **SD** ☐ Delete NAME **GIBBAR, TABITHA F.** STREET ADDRESS **7334 HENRY DRIVE** CITY-ST-ZIP **LAND O'LAKES FL**		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED   1-6-00   813-933-7670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #