

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001241

FILED
Jul 05, 2002 8:00 AM
Secretary of State

Entity Name: LIVING WORD FREE METHODIST CHURCH, INC.

Current Principal Place of Business:

4411 NW 60 ST
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

4411 NW 60 ST
OCALA, FL 34482

New Mailing Address:

FEI Number: 59-3428118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT L
6180 NW 44 AVE
OCALA, FL 34482

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRUS () Change (X) Addition
Name: TANNER, LYNN TRUSTEE
Address: 5720 NE 37TH ST.
City-St-Zip: OCALA, FL 34488 US

Title: TRUS () Change (X) Addition
Name: PENZEL, LORRAINE TRUSTEE
Address: 4500 NW BLICHTON RD. LOT 128
City-St-Zip: OCALA, FL 34482 US

Title: OFFI () Change (X) Addition
Name: WHATLEY, PATSY OFFICER
Address: 6335 NW 56TH TERRACE
City-St-Zip: OCALA, FL 34482 US

Title: OFFI () Change (X) Addition
Name: WILLIAMS, MARK R OFFICER
Address: 3940 NE 22 CT.
City-St-Zip: OCALA, FL 34479 US

Title: TRUS () Change (X) Addition
Name: WILLIAMS, ROBERT L TRUSTEE
Address: 6180 NW 44TH AVE.
City-St-Zip: OCALA, FL 34482 US

Title: OFFI () Change (X) Addition
Name: LOPEZ, MELVIN R OFFICER
Address: 6728 NW 62ND AVE.
City-St-Zip: OCALA, FL 34482 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R WILLIAMS

OFFI

07/05/2002

Electronic Signature of Signing Officer or Director

Date