

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90031 037 ****61.25

0052842

DOCUMENT # NO1000001241

1. Entity Name

LIVING WORD FREE METHODIST CHURCH, INC.



Principal Place of Business

**4411 NW 60 ST
OCALA FL 34482**

Mailing Address

**4411 NW 60 ST
OCALA FL 34482**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3428118**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

11026313



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TRUS** ☐ Delete
NAME **TANNER, LYNN TRUSTEE**
STREET ADDRESS **5720 NE 37TH ST.**
CITY-ST-ZIP **OCALA FL 34488**

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

TITLE **TRUS** ☐ Delete
NAME **PENZEL, LORRAINE TRUSTEE**
STREET ADDRESS **4500 NW BLICHTON RD. LOT 128**
CITY-ST-ZIP **OCALA FL 34482**

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

TITLE **OFFI** ☐ Delete
NAME **WHATLEY, PATSY OFFICER**
STREET ADDRESS **6335 NW 56TH TERRACE**
CITY-ST-ZIP **OCALA FL 34482**

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

TITLE **OFFI** ☒ Delete
NAME **WILLIAMS, MARK R OFFICER**
STREET ADDRESS **3940 NE 22 CT.**
CITY-ST-ZIP **OCALA FL 34479**

TITLE **Officer** ☐ Change ☒ Addition
NAME **Rae, Claire**
STREET ADDRESS **4902 NW 5th Ave**
CITY-ST-ZIP **Ocala, Fl. 34482**

TITLE **TRUS** ☐ Delete
NAME **WILLIAMS, ROBERT L TRUSTEE**
STREET ADDRESS **6180 NW 44TH AVE.**
CITY-ST-ZIP **OCALA FL 34482**

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

TITLE **OFFI** ☐ Delete
NAME **LOPEZ, MELVIN R OFFICER**
STREET ADDRESS **6728 NW 62ND AVE.**
CITY-ST-ZIP **OCALA FL 34482**

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:

SIGNATURE REQUIRED

9/23/03

352-361-5547

CR2E037 (10/02)