

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000002832**

1. Entity Name

LIVING WORD FAMILY CHURCH AND WORLD OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

**521 W. STREET
NAPLES FL 34108****521 W. STREET
NAPLES FL 34108**

2. Principal Place of Business

521 West Street

Suite, Apt. #, etc.

3. Mailing Address

521 West Street

Suite, Apt. #, etc.

City & State

Naples, FL 34108

City & State

NAPLES, FL 34108**34108****Collier****34108****Collier**

4. FEI Number

943394332

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOSLIEN, PAUL REV.
510 3RD ST.
NAPLES FL 34117**

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.

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 \$61.259. 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	PD	<input type="checkbox"/> Delete
NAME	FOSLIEN, PAUL REV.	
STREET ADDRESS	510 3RD ST. SW	
CITY-ST-ZIP	NAPLES FL 34117	

TITLE	D	<input type="checkbox"/> Delete
NAME	FOSLIEN, MARIA REV.	
STREET ADDRESS	510 3RD ST. SW	
CITY-ST-ZIP	NAPLES FL 34117	

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, JAMES M. REV.	
STREET ADDRESS	9201 75TH AVE. NORTH	
CITY-ST-ZIP	BROOKLYN PARK MN 55442	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 MAR 15 PM 2:19

SECRETARY OF STATE
TALLAHASSEE 80013906

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)