

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003509

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: OCALA LIVING WORD MINISTRIES, INC

Current Principal Place of Business:

2630 NORTHWEST 3RD STREET
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

2630 NORTHWEST 3RD STREET
OCALA, FL 34475 US

New Mailing Address:

484 WATER COURT
SILVER SPRINGS SHORES
OCALA, FL 34472 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDERSON, ROBERT L
484 WATER COURT
OCALA, FL 34475 US

Name and Address of New Registered Agent:

ANDERSON, ROBERT L
484 WATER COURT
SILVER SPRINGS SHORES
OCALA, FL 34472 US

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: ROBERT L. ANDERSON

05/01/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, ROBERT L
Address: 484 WATER COURT
City-St-Zip: OCALA, FL 34472 US

Title: V () Delete
Name: ANDERSON, JOAN P
Address: 484 WATER COURT
City-St-Zip: OCALA, FL 34472 US

Title: D () Delete
Name: REED, NORDICE
Address: 2630 N.W. 3RD STREET
City-St-Zip: OCALA, FL 34475 US

Title: T () Delete
Name: BROWN, LONNIE
Address: 2630 N.W. 3RD STREET
City-St-Zip: OCALA, FL 34475 US

Title: D () Delete
Name: BROWN, CATHERINE
Address: 2630 N.W. 3RD STREET
City-St-Zip: OCALA, FL 34475 US

Title: D (X) Delete
Name: REED, CASSIE M
Address: 2630 N.W. 3RD STREET
City-St-Zip: OCALA, FL 34475 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JENNIFER, MILLER
Address: 2630 N.W. 3RD STREET
City-St-Zip: OCALA, FL 34475 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT L. ANDERSON

P

05/01/2002

Electronic Signature of Signing Officer or Director

Date