

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005588

FILED
Sep 09, 2002
Secretary of State

Entity Name: FRONT LINE WORD MINISTRIES, INC.

Current Principal Place of Business:

803 SOUTH LOIS AVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

803 SOUTH LOIS AVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3719824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESGODA, DEBRA J
803 SOUTH LOIS AVE
TAMPA, FL 33609

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: PT () Delete
Name: NESGODA, GENE P
Address: 803 SOUTH LOIS AVE
City-St-Zip: TAMPA, FL 33609

Title: TST () Delete
Name: NESGODA, DEBRA J
Address: 803 SOUTH LOIS AVE
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: ROADARMEL, DOUG
Address: 19719 WYNDHAM LAKE RD
City-St-Zip: ODESSA, FL 33556

Title: T () Delete
Name: SEBASTIAN, FRANKLIN
Address: 1919 WEST WALNUT ST
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: NESGODA, CHEYANNE N
Address: 933 EAST MCBERRY ST
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DEBRA J. NESGODA

TST

09/09/2002

Electronic Signature of Signing Officer or Director

Date