

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90126 014 ****61.25

DOCUMENT # N02000001059

1. Entity Name

A WORD FOR DAILY LIVING MINISTRIES, INC.



Principal Place of Business

P.O. BOX 10217
PENSACOLA FL 32524

Mailing Address

P.O. BOX 10217
PENSACOLA FL 32524

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

02-0565164

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PATTEN, WALTER
11 SOUTH RUNYAN ST.
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

WALTER PATTEN

Street Address (P.O. Box Number is Not Acceptable)

2130 DOVEFIELD DRIVE

City

PENSACOLA

FL

Zip Code

32534

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

Walter E. Patten

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/03

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

TITLE **PD** ☐ Delete
NAME **PATTEN, WALTER**
STREET ADDRESS **P.O. BOX 10217**
CITY-ST-ZIP **PENSACOLA FL 32524**

TITLE **TD** ☒ Delete
NAME **PATTEN, ANGELINA**
STREET ADDRESS **P.O. BOX 10217**
CITY-ST-ZIP **PENSACOLA FL 32524**

TITLE **SD** ☐ Delete
NAME **PATTEN, DANIELLE ASST**
STREET ADDRESS **P.O. BOX 10217**
CITY-ST-ZIP **PENSACOLA FL 32524**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **PATTEN, Michelle**
STREET ADDRESS **P.O. BOX 10217**
CITY-ST-ZIP **PENSACOLA, FL 32524**

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

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

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

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:

Walter E. Patten **REQUIRED**

3/31/03

(850) 478-6402

CR2E037 (10/02)