2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003
Secretary of State

DOCUMENT# N02000006317

Entity Name: JESUS THE LIVING WORD PRAISE & WORSHIP MINISTRIES, INC.

Current Principal Place of Business:

1760 NW 189TH TERRACE
OPA LOCKA, FL 33056

New Principal Place of Business:

Current Mailing Address:

1760 NW 189TH TERRACE
OPA LOCKA, FL 33056

New Mailing Address:

FEI Number: 82-0561830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, NOEL D
1760 NW 189TH TERRACE
OPA LOCKA, FL 33056

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:	PD	( ) Delete
Name:	WILLIAMS, NEVILLE	
Address:	1760 NW 189TH TERRACE	
City-St-Zip:	OPA LOCKA, FL 33056	
Title:	VD	( ) Delete
Name:	WILLIAMS, NOEL	
Address:	1760 NW 189TH TERRACE	
City-St-Zip:	OPA LOCKA, FL 33056	
Title:	SD	( ) Delete
Name:	MCCLELLAN, APRIL	
Address:	P.O. BOX 611433	
City-St-Zip:	MIAMI, FL 33179	
Title:	TD	( ) Delete
Name:	BLACKSHIRE, KENNETH	
Address:	20041 NW 32ND AVE	
City-St-Zip:	MIAMI, FL 33056	
Title:	D	( ) Delete
Name:	BLACKSHIRE, DONNA	
Address:	20041 NW 32ND AVE	
City-St-Zip:	MIAMI, FL 33056	
Title:	D	( ) Delete
Name:	BASS, MATTHEW	
Address:	20147 NW 58TH PLACE	
City-St-Zip:	MIAMI, FL 33015	

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:	
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: NOEL WILLIAMS VP 05/12/2003
Electronic Signature of Signing Officer or Director — Date