

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02360

1. Entity Name

LIVING AND ACTIVE WORD MINISTRIES, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90022 029 ****61.25

Principal Place of Business

C/O LEONARD L. LORD
9525 SUNBEAM DR
NEW PORT RICHEY FL 34654

Mailing Address

C/O LEONARD L. LORD
9525 SUNBEAM DR
NEW PORT RICHEY FL 34654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2439204

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LORD, LEONARD L.
9525 SUNBEAM DR
NEW PORT RICHEY FL 34654

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 \$61.25
After September 13, 2000 min. will be \$236.25

9. 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
NAME LORD, LEONARD L.
STREET ADDRESS 9525 SUNBEAM DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE SD
NAME KITCHENS, MARY JAYNE
STREET ADDRESS 880 MARKET ST.
CITY-ST-ZIP MEEKER CO ☐ Delete

TITLE VDT
NAME LORD, ROGER D.
STREET ADDRESS 6848 PORTER RD
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE D
NAME GEORGE, JIMMY
STREET ADDRESS 5366 SCHOOL ROAD
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE D
NAME SPINKS, RANDOLPH
STREET ADDRESS T. 5 BOX 1900
CITY-ST-ZIP FITZGERALD GA ☐ Delete

TITLE TD
NAME LORD, KATHY
STREET ADDRESS 9525 SUNBEAM DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/6/00

CR2E037 (5/00)