

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90885 021 ****70.00

DOCUMENT # N02360

1. Entity Name

LIVING AND ACTIVE WORD MINISTRIES, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

6188 Chesham Drive

6188 Chesham Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4

#4

City & State

City & State

New Port Richey, Florida

New Port Richey, Florida

Zip

Country

Zip

Country

34653

U.S.A.

34653

U.S.A.

4. FEI Number

59-2439204

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Steve Henderlong

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

6188 Chesham Drive, #4

City

New Port Richey

FL

Zip Code
34653

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

Steve Henderlong

March 23, 2002

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **LORD, LEONARD L.**
 STREET ADDRESS **9525 SUNBEAM DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **PTD** ☐ Change ☒ Addition
 NAME **Steve Henderlong**
 STREET ADDRESS **6188 Chesham Drive, #4**
 CITY-ST-ZIP **New Port Richey, Florida 34653**

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

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Joseph Costa**
 STREET ADDRESS **429 Hardeman Court**
 CITY-ST-ZIP **Boone, N.C. 28607**

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

TITLE **SD** ☐ Change ☒ Addition
 NAME **Jaime Lloyd**
 STREET ADDRESS **8230 Trappers Creek Trail**
 CITY-ST-ZIP **Chesterfield, VA 23832**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Mike Chakar**
 STREET ADDRESS **11115 Harding Drive**
 CITY-ST-ZIP **Port Richey, FL 34668**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **Joey Di Biasi**
 STREET ADDRESS **208 Grandfather Circle**
 CITY-ST-ZIP **Banner Elk, NC 28607**

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

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:

Steve Henderlong

March 23, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)