## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 21, 2002 8:00 am Secretary of State **DOCUMENT # N07953** MINISTRY OF THE WORD INTERNATIONAL, INC. 02-21-2002 90067 025 \*\*\*\*61.25 Principal Place of Business Mailing Address % ROBERT EUGENE LEWIS % ROBERT EUGENE LEWIS 3227 FAIR OAKS AVE 3227 FAIR OAKS AVE TAMPA FL 33611 **TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2505964 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEWIS, ROBERT EUGENE 3227 FAIR OAKS AVE **TAMPA FL 33611** City 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 9. Election Campaign Financing ... Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIT! F ☐ Delete TITLE (9/01) □ Addition lewis, robert Eugene NAME NAME STREET ADDRESS 3227 FAIR OAKS AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33611-2707 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LEWIS, CHARLOTTE R. NAME NAME STREET ADDRESS 3227 FAIR OAKS AVE STREET ADDRESS TAMPA FL 33611-2707 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition LEWIS, BRYCE ARTHUR NAME NAME 1 2913 WINDING TRL DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP VALRICO FL 33594 CITY-ST-ZIP n TITLE ☐ Delete TITLE Change ☐ Addition GIBBONS, PAT NAME NAME STREET ADDRESS 815 WEST OHIO AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33603-5433 CITY-ST-ZIF ☐ Delete TITI F Change ☐ Addition **GIBBONS, PERRY** NAME STREET ADDRESS 815 WEST OHIO AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA FL 33603-5433 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2002 8/3/839-5010

FILED

	MINISTRY 3221	FAIR CAKS	Terrationical Ave
Dir	Tamp	a, F/ 33611-2	2707
ME1 ,	BA CALVERT & S. Himes Au DA, Fl 33611-42	1.0	L# NO7953/ 601676
Dire	ctor		
540	N_ CALVERT 94 3. Nimes A 1 pa, Fl 33611-	lee	
DiRe	2CTOR		
: DER FREE 1010 SUN	AN Goldsmith dom Plaza #1 American E City Center,	121 149/e Blud F1 33573-52	281
	ector.		
MAR FREE 1010 BUN	don Plaza #1. American Ex City Center,	ith 21 19/e Blud F/ 33573-	5281
Neu	o Director		
BRIA 1124 TAMO	4 Cypress 1 9 FJ 33626	Peserve Dr -1322	<del> </del>

M

-- ----

\_\_\_