

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90433 009 \*\*\*\*61.25

**DOCUMENT # N07953**

1. Entity Name

**MINISTRY OF THE WORD INTERNATIONAL, INC.**



Principal Place of Business

**% ROBERT EUGENE LEWIS  
3227 FAIR OAKS AVE  
TAMPA FL 33611**

Mailing Address

**% ROBERT EUGENE LEWIS  
3227 FAIR OAKS AVE  
TAMPA FL 33611**

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 **59-2505964**

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

7. Name and Address of New Registered Agent

**LEWIS, ROBERT EUGENE  
3227 FAIR OAKS AVE  
TAMPA FL 33611**

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. I am familiar with, and accept the obligations of registered agent.

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEWIS, ROBERT EUGENE 3227 FAIR OAKS AVENUE TAMPA FL 33611-2707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LEWIS, CHARLOTTE R. 3227 FAIR OAKS AVE TAMPA FL 33611-2707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LEWIS, BRYCE ARTHUR 2913 WINDING TRL DR VALRICO FL 33594</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIBBONS, PAT 815 WEST OHIO AVENUE TAMPA FL 33603-5433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIBBONS, PERRY 815 WEST OHIO AVENUE TAMPA FL 33603-5433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

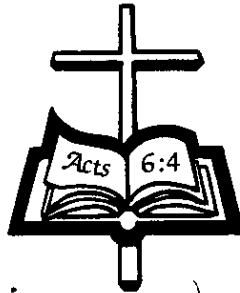
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/5/03 813-839-5016**

CR2E037 (10/02)

*Attachment*  
1/8/96/3  
30088442

Ministry of the Word  
International Inc.



Hebrews 13:8  
Jesus Christ, The  
same yesterday, and  
today and forever

Mailing Address  
3227 Fair Oaks Ave.  
Tampa, FL 33611  
(813) 839-5016

*Officers & Directors*  
~~2002~~ - 2003

---

Dean Goldsmith, Director  
Freedom PLAZA #121  
1010 AMERICAN EAGLE Blvd  
Sun City Center, FL 33573-5281

MARIAN Goldsmith, Director  
Freedom PLAZA #121  
1010 AMERICAN EAGLE Blvd  
Sun City Center, FL 33573-5281

BRIAN Lewis, Director  
11244 Cypress Reserve Dr  
Tampa, FL 33626-1322

Change Delete

---

MeLBA Calvert  
5404 S. Himes Ave  
Tampa, FL 33611-4213

John Calvert  
5404 S. Himes Ave  
Tampa, FL 33611-4213