

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10224

1. Entity Name

THE CHURCH OF THE LIVING WORD OF PASCO, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90027 050 ****61.25

Principal Place of Business

Mailing Address

5220 10TH STREET
ZEPHYRHILLS FL 33540

5220 10TH STREET
ZEPHYRHILLS FL 33540-5022

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

59-2717026

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

~~SAYLOR, RICK R~~
~~39746 SUNBURST DRIVE~~
~~DADE CITY FL 33525~~

Barbara Jacobs
35115 Dolphin Lake Dr,
Zephyrhills, FL 33541

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

Barbara J. Jacobs

4/15/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HOLSTON, LINDA J
5841 10TH ST
ZEPHYRHILLS FL 33540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman
Roger D. Jacobs
35115 Dolphin Lake Dr
Zephyrhills, FL 33541 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAPEMAN, EDWIN G
4901 19TH ST.
ZEPHYRHILLS FL 33540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treas.
Barbara J. Jacobs
35115 Dolphin Lake Dr
Zephyrhills, FL 33541 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SASSAMAN, KENNETH
7251 APPLGATE DRIVE
ZEPHYRHILLS FL 33540 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
SAYLOR, RICK R.
39746 SUNBURST DRIVE
DADE CITY FL 33525 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dir
Dick Morse
37042 8th Ave
Zephyrhills, FL 33540 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLOW, DORA E
5304 10TH ST.
ZEPHYRHILLS FL 33540 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Barbara J. Jacobs

4/15/00

813-782-1759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #