

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90084 038 ****61.25

DOCUMENT # N10224

1. Entity Name

THE CHURCH OF THE LIVING WORD OF PASCO, INC.

Principal Place of Business

Mailing Address

5220 10TH STREET
 ZEPHYRHILLS FL 33540

5220 10TH STREET
 ZEPHYRHILLS FL 33540

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

JACOBS, BARBARA
 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

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 ☐ Delete
 NAME JACOBS, ROGER D
 STREET ADDRESS 35115 DOLPHIN LAKE DR
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

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

TITLE ☐ Delete
 NAME JACOBS, BARBARA J
 STREET ADDRESS 35115 DOLPHIN LAKE DR
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

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

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

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

TITLE ☒ Delete
 NAME MORSE, DIK
 STREET ADDRESS 37042 8TH AVE
 CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

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

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

TITLE ☐ Delete
 NAME Rick Saylor
 STREET ADDRESS 5234 18th St
 CITY-ST-ZIP ZEPHYRHILLS FL 33540

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (10/00)