

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20729

1. Entity Name

LIVING WORD OF FAITH, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90055 034 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
9857 NORTH DAVIS HIGHWAY      9857 NORTH DAVIS HIGHWAY  
PENSACOLA FL 32514      PENSACOLA FL 32514  
US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564945

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHIMEK, PAUL  
8556 SCENIC HWY  
PENSACOLA FL 32514

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 VD  
STREET ADDRESS SPAAR, TERRI  
CITY-ST-ZIP 790 VALLEY RIDGE WAY  
PENSACOLA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32514

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS SPAAR, TIMOTHY  
CITY-ST-ZIP 790 VALLEY RIDGE WAY  
PENSACOLA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32514

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS O'BRIEN, CAROLYN  
CITY-ST-ZIP 6043 SPANISH OAK DR.  
PENSACOLA FL

TITLE ☒ Change ☐ Addition  
NAME TD  
STREET ADDRESS O'Brien, Carolyn  
CITY-ST-ZIP 2111 SUNBURY CIR.  
Pensacola, FL 32526

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS ORR, CHARLOTTE  
CITY-ST-ZIP 9857 DAVIS HWY  
PENSACOLA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32514

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED Timothy W. Spear

Date

4-3-00

Daytime Phone #

850-857-1035

CR2E037 (9/99)