

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50095

1. Entity Name

LIVING WORD COMMUNITY CHRISTIAN CENTER, INC.

Principal Place of Business

8401 VALRIE LANE  
RIVERVIEW FL 33569  
US

Mailing Address

P.O. BOX 1595  
RIVERVIEW FL 33568  
US

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

59-3192779

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

CRAVER, WILLIAM JOHN  
7405 ALAFIA RIDGE LOOP  
RIVERVIEW FL 33569

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 PD  
NAME CRAVER, WILLIAM J  
STREET ADDRESS 7405 ALAFIA RIDGE LOOP  
CITY-ST-ZIP RIVERVIEW FL

☐ Delete

TITLE VD  
NAME CRAVER, KATHY L  
STREET ADDRESS 7405 ALAFIA RIDGE LOOP  
CITY-ST-ZIP RIVERVIEW FL

☐ Delete

TITLE VST  
NAME MURPHY, VINCE  
STREET ADDRESS 610 HIGHVIEW CIRCLE S  
CITY-ST-ZIP BRANDON FL 33510

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE VST  
NAME TIFFANY CRAVER  
STREET ADDRESS 7023 MARINE DR  
CITY-ST-ZIP RIVERVIEW FL 33619

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*William J. Craver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01



DO NOT WRITE IN THIS SPACE

0001210

CR2E037 (10/00)