

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90194 045 \*\*\*\*61.25

**DOCUMENT # N50095**

1. Entity Name

**LIVING WORD COMMUNITY CHRISTIAN CENTER, INC.**

Principal Place of Business

Mailing Address

**8401 VALRIE LANE  
RIVERVIEW FL 33569  
US**

**P.O. BOX 1595  
RIVERVIEW FL 33568  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, FL**

4. FEI Number

**59-3192779**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33605**

**U.S.A.**

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

**William John Craver**

Street Address (P.O. Box Number is Not Acceptable)

**1504 N. 23rd Street**

City

**Tampa**

**FL**

Zip Code

**33605**

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

**4-30-02**

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

TITLE **PD** ☒ Change ☐ Addition  
NAME **William J. Craver**  
STREET ADDRESS **1504 N. 23rd Street**  
CITY-ST-ZIP **Tampa, FL 33605**

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

TITLE **VD** ☒ Change ☐ Addition  
NAME **Kathy L. Craver**  
STREET ADDRESS **1504 N. 23rd Street**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE **VST** ☐ Delete  
NAME **CRAVER, TIFFANY**  
STREET ADDRESS **7023 MANIVE DR**  
CITY-ST-ZIP **RIVERVIEW FL 33619**

TITLE **VST** ☒ Change ☐ Addition  
NAME **Tiffany Craver**  
STREET ADDRESS **1504 N. 23rd Street**  
CITY-ST-ZIP **Tampa, FL 33605**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-02**

**813-318-0771**

Date

Daytime Phone #

CR2E037 (9/01)