

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001132

1. Entity Name

LIVING WORD OPEN BIBLE, INC.

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90025 013 ****70.00

Principal Place of Business

8353 PINES BLVD.
PEMBROKE PINES FL 33024
US

Mailing Address

8353 PINES BLVD.
PEMBROKE PINES FL 33024-8705
US

2. Principal Place of Business

3900 N.W. 89th Ave.
Suite, Apt. #, etc.

3. Mailing Address

3900 N.W. 89th Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0392963

Applied For

Not Applicable

Zip

33024

Country

US

Zip

33024

Country

US

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

FRANCIS, KARL A
~~8353 PINES BLVD.~~
PEMBROKE PINES FL 33024

Name

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

3900 N.W. 89th Ave.

City

Hollywood

FL

Zip Code

33024

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

Karl A. Francis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/2000

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FRANCIS, KARL A
8353 PINES BLVD.
PEMBROKE PINES FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
S
SMALLING, DELORES
13110 NE 6TH AVE
NO. MIAMI BCH FL 33161

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
HINES, LAVAL
8353 PINES BLVD.
PEMBROKE PINES FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
T
TAYLOR, MICHAEL
17334 NW 62ND CT
MIAMI FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
3900 N.W. 89th Ave.
Hollywood, FL 33024

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
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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:

Karl A. Francis REQUESTED FRANCIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/2000 (954) 438-56