

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N93000001132**

1. Entity Name

**LIVING WORD OPEN BIBLE, INC.**

Principal Place of Business

Mailing Address

~~8353 PINES BLVD.  
 PEMBROKE PINES FL 33024  
 US~~

~~8353 PINES BLVD.  
 PEMBROKE PINES FL 33024-8706  
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

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

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

City & State

City & State

Hollywood FL

Hollywood FL

Zip Country  
33024 US

Zip Country  
33024 US

4. FEI Number

65-0392963

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

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

State 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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:

FRANCIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/2000 (954) 438-56