

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

0033661

**DOCUMENT # N93000001132**

1. Entity Name

**LIVING WORD OPEN BIBLE, INC.**

03-05-2001 90077 024 \*\*\*\*\*70.00

**927027**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3900 N.W. 89TH AVE HOLLYWOOD FL 33024 US</b>	Mailing Address <b>3900 N.W. 89TH AVE HOLLYWOOD FL 33024 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0392963</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>FRANCIS, KARL A 3900 N.W. 89TH AVE HOLLYWOOD FL 33024</b>	

7. Name and Address of New Registered Agent	
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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FRANCIS, KARL A</b>	
STREET ADDRESS	<b>3900 N.W. 89TH AVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SMALLING, DELORES</b>	
STREET ADDRESS	<b>3900 N.W. 89TH AVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HINES, LAVAL</b>	
STREET ADDRESS	<b>3900 N.W. 89TH AVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, MICHAEL</b>	
STREET ADDRESS	<b>3900 N.W. 89TH AVE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MICHAEL TAYLOR 2/27/01 954 438 5604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)