

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90020 011 \*\*\*\*70.00

DOCUMENT # **N93000001132**

1. Entity Name  
**LIVING WORD OPEN BIBLE, INC.**

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0392963</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRANCIS, KARL A  
3900 N.W. 89TH AVE  
HOLLYWOOD FL 33024**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	PD	<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	S	<input checked="" 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	D	<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	T	<input checked="" 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	D	<input type="checkbox"/> Delete
NAME	<b>DYRIE FRANCIS</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. (S) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAMERON, Berenley</b>	
STREET ADDRESS	<b>4290 N.W. 32nd Terrace</b>	
CITY-ST-ZIP	<b>Lauderdale Lakes, FL 33309</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMALLING, DELROSE</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DYRIE M. FRANCIS</b>	
STREET ADDRESS	<b>173195 SW 8th Street</b>	
CITY-ST-ZIP	<b>Pembroke Pines, FL 33029</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: SIGNATURE *[Signature]* **2/12/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)