

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 3900 N.W. 89TH AVE HOLLYWOOD FL 33024 US		Mailing Address 3900 N.W. 89TH AVE HOLLYWOOD FL 33024 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
Country		Country	
4. FEI Number 65-0392963		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11. (5) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCIS, KARL A 3900 N.W. 89TH AVE HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMERON, Berenley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4290 N.W. 32nd Terrace Lauderdale Lakes, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMALLING, DELORES <input checked="" type="checkbox"/> Delete 3900 N.W. 89TH AVE HOLLYWOOD FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMALLING, DELROSE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINES, LAVAL <input type="checkbox"/> Delete 3900 N.W. 89TH AVE HOLLYWOOD FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DYRIE M. FRANCIS (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 173195 SW 8th Street Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, MICHAEL <input checked="" type="checkbox"/> Delete 3900 N.W. 89TH AVE HOLLYWOOD FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYRIE FRANCIS <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		2/12/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (9/01)