

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90205 014 ****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

3900 N.W. 89th AVE

3. Mailing Address

3900 N.W. 89th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

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

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

7. Name and Address of New Registered Agent

Name **N/A**

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. I am familiar with, and accept the obligations of registered agent.

N/A

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANCIS, KARL A	
STREET ADDRESS	3900 N.W. 89TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMALLING, DELROSE	
STREET ADDRESS	3900 N.W. 89TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINES, LAVAL	
STREET ADDRESS	3900 N.W. 89TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEVERLY, CAMERON	
STREET ADDRESS	4290 N.W. 32ND TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCIS, DYRIE M	
STREET ADDRESS	17395 SW 8TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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: REKARAD FRANCIS

2/11/03 (954) 438-5604

CR2E037 (10/02)