

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003464

1. Entity Name

LIVING WORD CHURCH OF GOD IN CHRIST, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90027 018 \*\*\*\*61.25

Principal Place of Business 6969 CHEROKEE DR ZELLWOOD FL 32798-0569	Mailing Address P.O. BOX 569 ZELLWOOD FL 32798-0569
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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 59-3106171	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  MOBLEY, ROSEZNA 3852 HOLLY CT ZELLWOOD FL 32798
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7. Name and Address of New Registered Agent Name <u>Barbara B. Pollock</u> Street Address (P.O. Box Number is Not Acceptable) <u>6775 Holly St.</u> City <u>Zellwood</u> FL Zip Code <u>32798</u>
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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 <u>Barbara B. Pollock</u> Signature, typed or printed name of registered agent and title if applicable.	<u>Barbara B. Pollock</u> (NOTE: Registered Agent signature required when reinstating)	<u>4/25/2000</u> DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D POLLOCK, CLYDE R SR 6775 HOLLY STREET HOLLYWOOD FL 32798	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D POLLOCK, BARBARA B SR 6775 HOLLY STREET HOLLYWOOD FL 32798	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D MOBLEY, ROSEZNA 3852 HOLLY STREET HOLLYWOOD FL 32798	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <u>Barbara B. Pollock</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Barbara B. Pollock</u> Date	<u>4/25/2000 352-735-1721</u> Daytime Phone #
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CR2E037 (9/99)