

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90059 044 ****61.25

DOCUMENT # N95000003464

1. Entity Name

LIVING WORD CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

**6969 CHEROKEE DR
 ZELLWOOD FL 32798-0569**

Mailing Address

**P. O. BOX 390
 ZELLWOOD FL 32798-0569**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3106171

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLLOCK, CLYDE SR.
 6775 HOLLY STREET
 ZELLWOOD FL 32798**

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 **PD** ☐ Delete
 NAME **POLLOCK, CLYDE R SR**
 STREET ADDRESS **6775 HOLLY STREET**
 CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **POLLOCK, BARBARA B SR**
 STREET ADDRESS **6775 HOLLY STREET**
 CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Barbara B. Pollock**
 STREET ADDRESS **6775 Holly Street**
 CITY-ST-ZIP **Zellwood FL 32798**

TITLE **SD** ☐ Delete
 NAME **WEBB, DEHORAH**
 STREET ADDRESS **6775 HOLLY STREET**
 CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE **SD** ☒ Change ☐ Addition
 NAME **webb, Deborah**
 STREET ADDRESS **6775 Holly Street**
 CITY-ST-ZIP **Zellwood FL 32798**

TITLE **TD** ☐ Delete
 NAME **BARNES, LA TASHA**
 STREET ADDRESS **312 S. GRANDVIEW STREET**
 CITY-ST-ZIP **MT. DORA FL 32757**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Barbara B. Pollock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

352-735-1721

Daytime Phone #

CR2E037 (9/01)