

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N95000005416

1. Entity Name

WORD ALIVE MINISTRIES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

08-31-2000 90004 038 ****61.25

Principal Place of Business		Mailing Address	
1019 NORTH TENNESSE AVENUE LAKELAND FL 33805		P.O. BOX 91540 LAKELAND FL 33804-1540	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-3358028		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			
PICKETT, EDGAR T III 604 WHITEHURST ST LAKELAND FL 33805				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)

Signature, typed or printed name of registered agent and title if applicable. 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	PD
NAME	PICKETT, EDGAR T III	NAME	Pickett, Edgar III
STREET ADDRESS	604 WHITEHURST STREET	STREET ADDRESS	1110 Lakeshore Drive
CITY-ST-ZIP	LAKELAND FL 33805	CITY-ST-ZIP	Lakeland, FL 33805
TITLE	VD	TITLE	VD
NAME	SMITH, GERALD	NAME	Smith, Gerald
STREET ADDRESS	400 BEACON ROAD WEST APT 135	STREET ADDRESS	1503 Richmond Rd
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	Lakeland, FL 33801
TITLE	CEO	TITLE	CEO
NAME	PICKETT, EDGAR JR	NAME	PICKETT EDGAR JR
STREET ADDRESS	2050 PROVIDENCE ROAD	STREET ADDRESS	2050 PROVIDENCE RD
CITY-ST-ZIP	LAKELAND FL 33805	CITY-ST-ZIP	LAKELAND FL
TITLE	S	TITLE	S
NAME	DESHAZOR-STEWART, GWENDOLYN	NAME	DeShazor-Stewart, Gwendolyn
STREET ADDRESS	713 WEST 3RD ST	STREET ADDRESS	1427 Powhatan Ct.
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	Lakeland, FL 33805
TITLE	T	TITLE	T
NAME	CORNELIUS, SHERYL	NAME	Cornelius, Sheryl
STREET ADDRESS	713 WEST 3RD ST	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED Edgar Pickett III 9/12/00 (863) 862-4673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)