2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
04-14-2001 90038 043 ****61.25

DOCUMENT # N95000005416

1. Entity Name

WORD ALIVE MINISTRIES, INC.

Principal Place of Business	Mailing Address
1019 NORTH TENNESSE AVENUE LAKELAND FL 33805	P.O. BOX 91540 LAKELAND FL 33804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
302 E. Memorial Blvd	Same as Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland FL	City & State
Zip: 33801 Country: USA	Zip Country

4. FEI Number 59-3358028 ☐ Applied For ☐ Not Applicable

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~~ 1110 Lakeshore LAKELAND FL 33805 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PICKETT, EDGAR T III 604 WHITEHURST STREET LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pd Edgar Pickett III 1110 Lakeshore Drive Lakeland FL 33805 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, GERALD 400 BEACON ROAD WEST APT 135 LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD PICKETT, EDGAR JR 2050 POVIDENCE ROAD LAKELAND FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DESHAZOR-STEWART, GWENDOLYN 713 WEST 3RD ST LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Gwendolyn DeShazor-Stewart 1427 Powhatan Ct Lakeland, FL 33805 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CORNELIUS, SHERYL 713 WEST 3RD ST LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHERYL McKINLEY 3520 CLEVELAND HEIGHTS BLVD #9 LAKELAND, FL 33813 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Gwendolyn DeShazor-Stewart Gwendolyn Stewart 4/04/01 863 6804565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #