

2000 UNIFORM BUSINESS REPORT (UBR)

0008949

DOCUMENT # N97000002371

1. Entity Name

TALLAHASSEE CHURCH OF THE LIVING WORD INC.

FILED

00 APR 19 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3972 WOODVILLE HWY
TALLAHASSEE FL 32311

3972 WOODVILLE HWY
TALLAHASSEE FL 32311-7463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3470856

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DIXON, ROBERT REV
1020 SUTOR RD
TALLAHASSEE FL 32311

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	<input type="checkbox"/> Delete
NAME	DIXON, ROBERT	
STREET ADDRESS	1020 SUTOR RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATTHEWS, LANGSTON	
STREET ADDRESS	1020 SUTOR RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LUKE, THELTON	
STREET ADDRESS	3972 WOODVILLE HWY.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHELPS, LAURA	
STREET ADDRESS	4960 CAPITAL CIR. SW	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	RTD	<input checked="" type="checkbox"/> Delete
NAME	LUKE, NINA J	
STREET ADDRESS	3972 WOODVILLE HWY.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LD	
STREET ADDRESS	3972 WOODVILLE HWY	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
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 REQUIRED

CR2E037 (9/99)