

# 1. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002371

1. Entity Name

TALLAHASSEE CHURCH OF THE LIVING WORD INC.

Principal Place of Business

3972 WOODVILLE HWY  
TALLAHASSEE FL 32311

Mailing Address

3972 WOODVILLE HWY  
TALLAHASSEE FL 32311

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

DIXON, ROBERT REV  
1020 SUTOR RD  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME DIXON, ROBERT  
STREET ADDRESS 1020 SUTOR RD  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE VD  
NAME MATTHEWS, LANGSTON  
STREET ADDRESS 1020 SUTOR RD  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE TD  
NAME MADISON, LAVON  
STREET ADDRESS 3972 WOODVILLE HWY.  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE SD  
NAME PHELPS, LAURA  
STREET ADDRESS 4960 CAPITAL CIR. SW  
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100003851481-5  
-03/13/01-01122-006  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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

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

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

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

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

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March - 9 - 01 / (850) 342-3459

FILED

01 MAR -9 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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