

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

0007104

**DOCUMENT # N97000002391**

04-12-2001 90173 013 \*\*\*\*61.25

1. Entity Name

**WORD ALIVE CHURCH, INC.**

Principal Place of Business

Mailing Address

11239 STATE ROAD 51  
 LIVE OAK FL 32060  
 US

RT 3 BOX 798  
 MAYO FL 32066

00034888



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*11239 State Rd 51*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Live Oak FL*

4. FEI Number

**59-3445651**

Applied For

Not Applicable

Zip

Country

Zip  
*32060*

Country

*FLORIDA*

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

**NAIMAN, DALE**  
**RT 3 BOX 798**  
**MAYO FL 32066**

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

*Dale Naiman*

*4-9-01*

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	<b>D</b> <b>NAIMAN, DALE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>RT 3 BOX 798</b>	
CITY-ST-ZIP	<b>MAYO FL 32066</b>	
TITLE NAME	<b>D</b> <b>NAIMAN, CONNIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>RT 3 BOX 798</b>	
CITY-ST-ZIP	<b>MAYO FL 32066</b>	
TITLE NAME	<b>D</b> <b>FLEMING, KATHLYN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1234 IRONWOOD</b>	
CITY-ST-ZIP	<b>BROKEN ARROW OK 74013</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Dale Naiman*  
**SIGNATURE REQUIRED**

*4/9/01*

*386-362-2092*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)