

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90048 026 ****61.25

DOCUMENT # **N97000004886**

1. Entity Name

LIVING WORD OF GOD MINISTRIES, INC.



DO NOT WRITE IN THIS SPACE

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

59-3462931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Riley, DOLORES T REV

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

890 N. BOUNDARY AVE

STE. 102

City

DELAND

FL

Zip Code

32720

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Linda C. Evener Rev 2/28/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Riley, DOLORES T REV 890 N. BOUNDARY AVE, STE 102 DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINDA C. EVENER, REV 890 N. BOUNDARY AVE, STE 102 DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINN, ARTHUR E. 2278 CHAPEL HILL DRIVE GLENWOOD, FL 32720
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda C. Evener Rev

Date

Daytime Phone #

2/28/03 386-736-4120

CR2E034B (12/02)