

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006713

1. Entity Name

LIVING WORD ASSEMBLY WORSHIP CENTER, INC.

Principal Place of Business

615 STAFFORD LANE
PENSACOLA FL 32506

Mailing Address

615 STAFFORD LANE
PENSACOLA FL 32506

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

59-3482393

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

COLEMAN, DOREATHA
4925 SPRINGHILL DRIVE
PENSACOLA FL 32503

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 PTD ☐ Delete
NAME COLEMAN, DOREATHA
STREET ADDRESS 4925 SPRINGHILL DRIVE
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE VPD ☐ Delete
NAME COLEMAN, MICHAEL
STREET ADDRESS 4925 SPRINGHILL DRIVE
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE S ☐ Delete
NAME COLEMAN, VICTORIA T
STREET ADDRESS 304 W. GREGORY ST.
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE D ☐ Delete
NAME SMITH, DOIS
STREET ADDRESS 6710 BELLVIEW PINE RD
CITY-ST-ZIP PENSACOLA FL 32526

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

TITLE D ☐ Delete
NAME COLEMAN, DOREATHA L
STREET ADDRESS 4425 SPRINGHILL DR
CITY-ST-ZIP PENSACOLA FL 32503

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

TITLE D ☐ Delete
NAME COLEMAN, MICHAEL
STREET ADDRESS 4925 SPRINGHILL DR
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☐ Change ☐ 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: Doreatha Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)