

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003742

1. Entity Name

THE WORD EVANGELICAL ASSOCIATION - CHURCH & MINI

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90088 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 390535  
DELTONA FL 32739-0535

POST OFFICE BOX 390535  
DELTONA FL 32739-0535



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3521288

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HALSTEAD, ALICIA S  
2025 REDGATE LANE  
DELTONA FL 32738

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	PDT	<input type="checkbox"/> Delete
NAME	HALSTEAD, ALICIA S	
STREET ADDRESS	2025 REDGATE LN	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	HALSTEAD, KENNETH III	
STREET ADDRESS	2025 REDGATE LN	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	TTRD	<input type="checkbox"/> Delete
NAME	CONCEPCION, LUZ M	
STREET ADDRESS	2025 REDGATE LN	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ADA N	
STREET ADDRESS	1045 REGAL POINTE TERR #115	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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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: Alicia S. Halstead (Alicia S. Halstead) 4/17/00 (902) 532-8465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)