

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-30-2000 90090 040 ****61.25

DOCUMENT # N99000000496

1. Entity Name

LIVING WORD COMMUNITY BAPTIST CHURCH, INC.

Principal Place of Business

500 56TH AVENUE SOUTH
ST. PETERSBURG FL 33705

Mailing Address

500 56TH AVENUE SOUTH
ST. PETERSBURG FL 33705-5146

2. Principal Place of Business

3820 Central Avenue

Suite, Apt. #, etc.

3. Mailing Address

3820 Central Avenue

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33711

Country

U.S.

City & State

St. Petersburg, FL

Zip

33711

Country

U.S.

4. FEI Number

59-3553134

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRETT, BRENDA

**500 56TH AVENUE SOUTH
ST. PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

Name

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

7520 Sunshine Skyway Lane S.

Apt. 211

City

St. Petersburg

FL

Zip Code

33711

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/T
Wilkins Garrett, Jr.
7520 Sunshine Skyway Lane S.
St. Petersburg, FL 33711**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Glenda W. Shorter
4351 Fairfield Ave. So.
St. Petersburg, FL 33711**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
Katrina Holley
2716 1st Avenue So.
St. Petersburg, FL 33712**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenda W. Shorter

5/15/00

(727)322-1324

Date

Daytime Phone #

CR2E037 (9/99)