

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001533

1. Entity Name

LIVING WORD COMMUNITY HUMAN SERVICES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90078 044 ****61.25

Principal Place of Business

Mailing Address

500 56TH AVENUE SOUTH
ST. PETERSBURG FL 33705

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

City & State

St. Petersburg, FL

4. FEI Number

59-3562014

Applied For

Not Applicable

Zip

33711

Country

U.S.

Zip

33711

Country

U.S.

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

GARRETT, BRENDA
500 56TH AVENUE SOUTH
ST. PETERSBURG FL 33705

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C
STREET ADDRESS	Leslie Brieger
CITY-ST-ZIP	4305 Narvarez Way So. St. Petersburg, FL 33712
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V
STREET ADDRESS	Robert Gordon
CITY-ST-ZIP	248 Kingston St. So. St. Petersburg, FL 33711
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S
STREET ADDRESS	Linda Berry
CITY-ST-ZIP	2508 11th St. So. St. Petersburg, FL 33705
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T
STREET ADDRESS	Katrina Holley
CITY-ST-ZIP	2716 1st Avenue So. St. Petersburg, FL 33712
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	
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 REQUIRED

Leslie Brieger

5/15/00

(727)322-1324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)