

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004645

1. Entity Name

WORD LIFE TEACHING MINISTRIES FELLOWSHIP, INCORP

Principal Place of Business

3389 NORTH OAKS DR.
MARIANNA FL 32446

Mailing Address

PO BOX 337
MARIANNA FL 32447
US

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

59-3593422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, J. ALLEN
3389 NORTH OAKS DR.
MARIANNA FL 32446

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME CHAPMAN, BONITA B
STREET ADDRESS 3389 NORTH OAKS DR.
CITY-ST-ZIP MARIANNA FL 32446

TITLE STD ☐ Delete
NAME CHAPMAN, J. ALLEN
STREET ADDRESS 3389 NORTH OAKS DR.
CITY-ST-ZIP MARIANNA FL 32446

TITLE VD ☐ Delete
NAME LANG, LARRY R
STREET ADDRESS 2864 LAWRENCEVILLE RD.
CITY-ST-ZIP COTTONDALE FL 32431

TITLE D ☐ Delete
NAME CLARK, MARY
STREET ADDRESS 4542 OAKWOOD DR
CITY-ST-ZIP MARIANNA FL 32446

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 D ☐ Change ☒ Addition
NAME Arnett, JoAnne
STREET ADDRESS 2102 Lake Forest Dr.
CITY-ST-ZIP Tallahassee, FL 32303

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

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:

J. Allen Chapman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

(850)482-9540

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90002 027 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)