2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003387



FILED Apr 21, 2003 8:00 am Secretary of State

LAUREL V	VORSHIP CENTER, INC.					04-21-200)3 91204 ()02 ****6	1.25
Principal Plac 312 E LAUREL LAUREL FL 347 US		Mailing Address P.O. BOX 235 LAUREL FL 34272 US		1					
11 Tamiami Trl. North		3. Mailing Address 111 Tamiami Trl. North							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HER	E IF MAKINO	G CHANGES	
City & State Nokomis, FL		City & State Nokomis, FL		4.	4. FEI Number 65-0437762			Applied For Not Applicable	
Zip 34275	Country USA	34275	Country USA	5.	Certificate of S	Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent		7. 1	Name and Ad	dress of New	Registered	Agent	
	a switch must will will be the	المرابعين مناهيات المنطقين مناه المسورة والمرابع	Name	Dr. Rich	nard R.	Howett		· · · · ·	
YODER, F	renee B Adowcreek Dr		Street A	Street Address (P.O. Box Number is Not Acceptable) 730 Treasure Rd.					
	TA FL 34233					·			
			City	Venice			FL	Zi342	93
	named entity submits this statement for tions of registered agent.	or the purpose of changing its i	egistered office or	r registered ag	jent, or both, ir	n the State of F	lorida. I am	familiar with,	and accept
ine obligat		a/c				į.		,	
SIGNATURE/	XXICKAL (,	KYONEU).				4	-16-	03	
	Signature, typed or printed name of registered agent		Registered Agent signatu	ure required when re	almototio m\		DATE		_
	Signature, typed or printed frame of registered agent	and title if applicable. (NOTE:	Trogistoros Agont signati	are required when re	einstaurig)		DATE	•	
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing	_ \$5.0	00 May Be		ake Chec ida Depar		
10.	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing	S5.	00 May Be ed to Fees		ake Chec ida Depar	RECTORS IN	State 10
10.	FILE NOW: FEE IS \$61.25 OFFICERS AND DI	9. Election Cam Trust Fund Co	paign Financing ontribution. 11. TITLE	S5. Adde	00 May Be ed to Fees	Flor	ake Chec ida Depar	tment of	State 10
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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: