

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90311 050 \*\*\*\*61.25

U623144

**DOCUMENT # N98000004641**

1. Entity Name

**LIFE WAY COMMUNITY CHURCH, INC.**

Principal Place of Business

**713 CREEKWATER TERRACE APT 203  
 LAKE MARY FL 32746**

Mailing Address

**713 CREEKWATER TERRACE APT 203  
 LAKE MARY FL 32746**

2. Principal Place of Business

**104 SPANISH BAY DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 952733**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**SANFORD FL**

City & State

**LAKE MARY FL**

4. FEI Number

**59-3648611**

Applied For

Not Applicable

Zip

**32771**

Country

Zip

**32795**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROWN, GERALD D  
 713 CREEKWATER TERRACE APT 203  
 LAKE MARY FL 32746**

*- change of address ->*

7. Name and Address of New Registered Agent

Name

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

**104 SPANISH BAY DRIVE**

City **SANFORD**

FL

Zip Code **32771**

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)

*4/15/01*  
 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, GERALD</b>
STREET ADDRESS	<b>713 CREEKWATER TERRACE APT 203</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HERNANDEZ, RICK</b>
STREET ADDRESS	<b>2008 HIBISCUS COURT</b>
CITY-ST-ZIP	<b>SANFORD FL 32771</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GLOVER, MATT</b>
STREET ADDRESS	<b>714 SUGAR BAY WAY #100</b>
CITY-ST-ZIP	<b>LAKE MARY FL 32746</b>
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, GERALD</b>
STREET ADDRESS	<b>104 SPANISH BAY DRIVE</b>
CITY-ST-ZIP	<b>SANFORD, FL 32771</b>
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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/15/01*  
 Date

**407 330-0549**  
 Daytime Phone #

CR2E037 (10/00)