

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90142 024 \*\*\*\*61.25

**DOCUMENT # 745878**

1. Entity Name

**THE LIFE CENTER, INC.**

Principal Place of Business

Mailing Address

**819 PARK ST  
 JACKSONVILLE FL 32204-3322**

**819 PARK ST  
 JACKSONVILLE FL 32204-3322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1924793**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**UTSEY, VERNIE F  
 819 PARK ST  
 JACKSONVILLE FL 32204**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRYSON, E.E.</b>	
STREET ADDRESS	<b>1360 HOLLYWOOD AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KURRAS, JAY</b>	
STREET ADDRESS	<b>4724 DEVON LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>STUDDARD, ELEANOR</b>	
STREET ADDRESS	<b>4255 VENETIA BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FIELD, DON</b>	
STREET ADDRESS	<b>5201 ATLANTIC BLVD STE. 241</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FROST, JEAN</b>	
STREET ADDRESS	<b>3745 HEDRICK STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIESKY, TOMMIE</b>	
STREET ADDRESS	<b>4867 WATER OAK LN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice-President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tom Robertson</b>	
STREET ADDRESS	<b>5201 Atlantic Blvd #244</b>	
CITY-ST-ZIP	<b>Jacksonville, Fla 32207</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vernie F. Utsey Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>4221 Colonial Ave</b>	
STREET ADDRESS	<b>Jacksonville, Fla. 32210</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Earl Carlson</b>	
STREET ADDRESS	<b>5976 Park St, Jax, Fla 32205</b>	
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.

**President**

**SIGNATURE: [Signature] BOARD OF DIRECTORS**

**704/356-1433**

CR2E037 (9/01)

Attachment  
Document # 745878  
732545

THE LIFE CENTER BOARD OF DIRECTORS - 2001-2001

Ms Jean Frost, President	3618 Riverside Ave., Jax 32205	387-4869
Tom Robertson, VP	5201 Atlantic Blvd. #244. Jax 32207	399-5772
Mrs. Eleanor Stoddard, Secy	4255 Venetia Blvd., Jax 32210	388-1053
Mrs. Vernie Utsey, Treasurer	4221 Colonial Ave., Jax 32210	389-9556
Mrs. Peg Bonhaus	1506 Parrish Place, Jax 32205	389-6832
Earl Carlson	5976 Park St., Jax 32205	384-1469
Russ Chapman	5931 Buckley Dr., Jax 32244	771-8957
Mrs. Barbara Culver	1491 Belvedere Ave., Jax 32205	387-3178
Ms Mary Hamilton	5734 Cedar Park Lane, Jax 32210	771-2069
Mrs. Estelle R. Jones	1457 W. State St., Jax 32209	354-2109
Ms Joy Kale	5615 San Juan Ave. #301, Jax 32210	693-0765
Mrs. Agnes King	4298 Buck Point Rd., Jax 32210	778-8136
Ellyn & Bill King	1411 Danbury Rd., Jax 32205	387-1490
Mrs. Dana Moore	4301 Confederate Point Rd #244, Jax 32210	779-6765
Mrs. Judy Wilson	319 1st St. South, Jax Beach, 32250	242-2753
Annabelle & Tom Workman	6435 Romilly Dr., Jax 32210	772-9957

CONSULTANTS TO THE BOARD:

E. Eugene Bryson	1360 Hollywood Ave., Jax 32205	389-1094
Mrs. Tommie W. Siesky	4867 Water Oak Lane, Jax 32210	388-8887
Rev. Dr. Wayne Williams	Pastor, RPUMC	355-5491

STAFF:

William R. Finn	9790 Orr Ct. So., Jax 32246	641-4961
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