

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729481

1. Entity Name

WORD OF LIFE CHRISTIAN CHURCH, INC.

Principal Place of Business

700 S. COURTENAY PKWY
MERRITT ISL FL 32952

Mailing Address

700 S. COURTENAY PKWY
MERRITT ISL FL 32952

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

59-2159446

Applied For

Not Applicable

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

DOBSON, JIMMY L
657 IROQUOIS ST.
MERRITT ISLAND FL 32952

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TO
CLENDINEN, CLAYTON
3084 SUNSET CT.
COCOA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Drew
Krewson, Dale G.
4515 Tangelo Ave
Cocoa, FL 32926 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPBELL, DAVID
3331 BISCAYNE DR.
MERRITT ISLAND FL 32953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CAMPBELL, DAVID
3331 BISCAYNE DR.
MERRITT ISLAND FL 32953 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DOBSON, JIMMY L
657 IROQUOIS ST.
MERRITT ISLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
RENO, FREDERICK
130 MACAW LANE
MERRITT ISLAND FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AP
MONTECALVO, GARY D
301 WESTCHESTER DR
COCOA FL 32926 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MONTECALVO, GARY D
301 WESTCHESTER DR
COCOA FL 32926 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ELROD, ROBERT W
978 NICKLAUS DR.
ROCKLEDGE FL 32955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Drew
ELROD, ROBERT W
978 NICKLAUS DR.
ROCKLEDGE, FL 32955 ☒ Change ☐ Addition

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

25 April 2002

(321) 453-4555

Date

Daytime Phone #

CR2E037 (9/01)