

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 734908**

**(7)**

1. Corporation Name

**THE LIFE CENTER CHURCH, INC.**



Principal Place of Business

Mailing Address

**63 E. KENNEDY BLVD  
EATONVILLE FL 32751**

**63 E. KENNEDY BLVD  
EATONVILLE FL 32751**

3. Date Incorporated or Qualified

**02/07/1976**

3a. Date of Last Report

**04/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANIELS, LETTIE BELL  
806 ORIENTA AVENUE #C  
ALTAMONTE SPRINGS FL 32701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**550 Hattaway Dr. #43**

83

84 City

**Altamonte Springs**

**FL**

85

Zip Code

**32701**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Lettie B. Daniels*

**March 26, 1996**

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE  
NAME **HENSON, BARRY G**  
STREET ADDRESS **505 N. TAMPA AVE**  
CITY - ST - ZIP **ORLANDO FL**

TITLE **P** ☐ DELETE  
NAME **KIMBLE, RONALD(PASTOR)**  
STREET ADDRESS **316 MACARTHUR PLACE**  
CITY - ST - ZIP **MAITLAND FL**

TITLE **D** ☐ DELETE  
NAME **COLLINS, SHANNON**  
STREET ADDRESS **1208 DEER LAKE CIRCLE**  
CITY - ST - ZIP **APOPKA FL**

TITLE **D** ☒ DELETE  
NAME **MAJORS, O.H.**  
STREET ADDRESS **CORNER OF LIME & CALHOUN**  
CITY - ST - ZIP **EATONVILLE FL**

TITLE **D** ☐ DELETE  
NAME **STYLES, STALEY**  
STREET ADDRESS **716 WILWOOD DRIVE**  
CITY - ST - ZIP **WINTER SPRINGS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☒ Addition  
32 NAME **Taylor, Vince**  
33 STREET ADDRESS **225 Soldier Creek Place**  
34 CITY - ST - ZIP **Longwood, FL 32750**

41 TITLE ☐ Change ☒ Addition  
42 NAME **Shaw, John**  
43 STREET ADDRESS **5919 White Egret Lane**  
44 CITY - ST - ZIP **Orlando, FL 32810**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☒ Addition  
62 NAME **Williams, Lorenzo**  
63 STREET ADDRESS **4702 Spaniel St.**  
64 CITY - ST - ZIP **Orlando, FL 32818**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Barry G. Henson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Barry G. Henson**

**March 26, 1996**

Date

**407-628-3229**

Daytime Phone #

CR2E037 (12/95)