

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 15, 2000 08:00 AM
Secretary of State

DOCUMENT # 734908

1. Entity Name

THE LIFE CENTER CHURCH, INC.

Principal Place of Business

Mailing Address

63 E. KENNEDY BLVD

63 E. KENNEDY BLVD

EATONVILLE

FL

EATONVILLE

FL

32751

32751

2. Principal Place of Business

63 E. KENNEDY BLVD

3. Mailing Address

63 E. KENNEDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

EATONVILLE

FL

City & State

EATONVILLE

FL

Zip

32751

Country

US

Zip

32751

Country

US

4. FEI Number

59-1832203

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

DANIELS, LETTIE BELL

849 S WYMORE RD 41-B

ALTAMONTE SPRINGS

FL

32714

US

Name

DANIELS LETTIE BMS

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

849 S WYMORE RD 41-B

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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 LETTIE B. DANIELS

06/15/2000

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 D ☐ Delete
NAME WILLIAMS LORENZO
STREET ADDRESS 4702 SPANIEL ST
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ Change ☐ Addition
NAME WILLIAMS LORENZO
STREET ADDRESS 4702 SPANIEL ST
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☐ Delete
NAME STYLES STAILEY
STREET ADDRESS 716 WILWOOD DRIVE
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D ☒ Change ☐ Addition
NAME STYLES STAILEY
STREET ADDRESS 716 WILWOOD DRIVE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D ☐ Delete
NAME SHAW JOHN
STREET ADDRESS 5919 WHITE EGRET LANE
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ Change ☐ Addition
NAME SHAW JOHN
STREET ADDRESS 5919 WHITE EGRET LANE
CITY-ST-ZIP ORLANDO FL 32810

TITLE D ☐ Delete
NAME TAYLOR VINCE
STREET ADDRESS 225 SOLDIER CREEK PLACE
CITY-ST-ZIP LONGWOOD FL

TITLE D ☒ Change ☐ Addition
NAME TAYLOR VINCE
STREET ADDRESS 225 SOLDIER CREEK PLACE
CITY-ST-ZIP LONGWOOD FL 32750

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

TITLE P ☒ Change ☐ Addition
NAME KIMBLE RONALD FPASTOR
STREET ADDRESS 316 MACARTHUR PLACE
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE ST ☒ Change ☐ Addition
NAME HENSON BARRY G
STREET ADDRESS 505 N. TAMPA AVE
CITY-ST-ZIP ORLANDO FL 32805

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.