

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # 734908**1. Entity Name
THE LIFE CENTER CHURCH, INC.Principal Place of Business
63 E. KENNEDY BLVD
EATONVILLE FL 32751 US
Mailing Address
63 E. KENNEDY BLVD
EATONVILLE FL 32751 US2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1832203
Applied For
Not Applicable5. 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 BMS
849 S WYMORE RD 41-B
ALTAMONTE SPRINGS FL 32714 USName
DANIELS LETTIE BMS
Street Address (P.O. Box Number is Not Acceptable)
5101 NEPONSET AVE
City
ORLANDO FL Zip Code
32808

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 _____ DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS LORENZO			NAME			
STREET ADDRESS	4702 SPANIEL ST			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32818			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STYLES STAILEY			NAME			
STREET ADDRESS	716 WILWOOD DRIVE			STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAW JOHN			NAME			
STREET ADDRESS	5919 WHITE EGRET LANE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32810			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR VINCE			NAME			
STREET ADDRESS	225 SOLDIER CREEK PLACE			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIMBLE RONALD FPASTOR			NAME			
STREET ADDRESS	316 MACARTHUR PLACE			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENSON BARRY G			NAME			
STREET ADDRESS	505 N. TAMPA AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32805			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)(f), 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: **BARRY G HENSON** ST 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)