

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-26-2002 90118 046 ****61.25

DOCUMENT # N01000000565

1. Entity Name

LIFELINE OUTREACH CHRISTIAN CENTER, INCORPORATED

Principal Place of Business

Mailing Address

4690 LIPSCOMB ST. SUITE 4B
 PALM BAY FL 32905

4690 LIPSCOMB ST. SUITE 4B
 PALM BAY FL 32905

2. Principal Place of Business

1312 E. UNIVERSITY BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 60305

Suite, Apt. #, etc.

City & State

Melbourne FLA.

City & State

Palm Bay FLA.

Zip

32901

Country

Zip

32906

Country

4. FEI Number

59-3694716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, TERRY LYNN
5040 CRAIG RD
COCOA FL 32926

7. Name and Address of New Registered Agent

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 reissuing)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ERRICK CLARK 544 MALABAR RD. S.W. #202 Palm Bay, FLA. 32907	
TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DARIN ROBERSON 808 DAVIS ST. MELBOURNE FLA. 32901	
TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LETTIA CLARK 544 MALABAR RD. S.W. #202 Palm Bay, FLA. 32907	
TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DARIN ROBERSON 808 DAVIS ST. MELBOURNE FLA. 32901	
TITLE <input checked="" type="checkbox"/> T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TERRY L. CRAIG 5040 CRAIG RD. COCOA FLA. 32926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

1-17-02

321-258-7762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2037 (9/01)