

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005787

1. Entity Name

LIFEJOY CHURCH, INC.

FILED

Jan 23, 2002 8:00 am  
Secretary of State

01-23-2002 90067 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

12802 WOODCHIP COURT  
RIVERVIEW FL 33569

12802 WOODCHIP COURT  
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

P.O. Box 3071

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Riverview, FL

4. FEI Number

59-3739615

Applied For

Not Applicable

Zip

Country

Zip

Country

33568

U.S.A.

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

H. DAVID RAYMER  
12802 WOODCHIP COURT  
RIVERVIEW FL 33569

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	D	<input type="checkbox"/> Delete
NAME	RAYMER, JOHN R	
STREET ADDRESS	12802 WOODCHIP COURT	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPE, WILLIAM B	
STREET ADDRESS	11713 WINN ROAD	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	H. DAVID RAYMER	
STREET ADDRESS	12222 WILDBROOK DRIVE	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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)(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

1/9/02

Date

(813) 741-9308

Daytime Phone #

CR2E037 (9/01)