

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
 03-24-2002 90028 019 ****61.25

DOCUMENT # NO1000005912

1. Entity Name

LIGHT OF TRUTH OUTREACH CENTER, INC.

Principal Place of Business

**191 NORTH HWY. 314A
 SOLVER SPRINGS FL 34488**

Mailing Address

**191 NORTH HWY. 314A
 SOLVER SPRINGS FL 34488**

2. Principal Place of Business

3. Mailing Address

191 NORTH HWY. 314A

16125 N.E. 2ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SILVER SPRINGS,

SILVER SPRINGS,

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

34488

MARION

34488

MARION

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCIS, GARY K
 191 NORTH HWY. 314A
 SOLVER SPRINGS FL 34488**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 FRANCIS, GARY K
 191 NORTH HWY. 314A
 SOLVER SPRINGS FL 34488** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SILVER SPRINGS, FL 34488 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 FRANCIS, KALVIN M
 191 NORTH HWY. 314A
 SOLVER SPRINGS FL 34488** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SILVER SPRINGS, FL 34488 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 FRANCIS, BARBARA
 191 NORTH HWY. 314A
 SOLVER SPRINGS FL 34488** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SILVER SPRINGS, FL 34488 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2002

CR2E037 (9/01)