

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90168 024 *****61.25

DOCUMENT # NO2000003289

1. Entity Name

**HEALING CENTER OF LIGHT UNIVERSAL CHURCH OF THE
MASTER CHARTER #805, INC.**



Principal Place of Business

**8424 FOURTH STREET N
SUITE P
ST. PETERSBURG FL 33702**

Mailing Address

**8424 FOURTH STREET N
SUITE P
ST. PETERSBURG FL 33702**

11003477

2. Principal Place of Business

4390 Maple St NE
Suite, Apt. #, etc.

3. Mailing Address

PO Box 56654
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
St Petersburg FL

City & State
St Petersburg FL

4. FEI Number
01-0587848

Applied For
Not Applicable

Zip
33703

Country
USA

Zip
33732

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDLIN, KATHY
8424 FOURTH STREET N
SUITE P
ST. PETERSBURG FL 33702**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SANDLIN, KATHY**
STREET ADDRESS **8424 FOURTH STREET N #P**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **D** ☐ Delete
NAME **FISHER, MARY J**
STREET ADDRESS **8424 FOURTH STREET N #P**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **D** ☐ Delete
NAME **M. KIRBY WATSON**
STREET ADDRESS **201 SECOND AVENUE N #C**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 **Rev. Kathy J Sandlin** **4/21/03** **727-504-0894**

CR2E037 (10/02)