

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-08-2003 90064 017 *****61.25

DOCUMENT # N02000004362

1. Entity Name

LIVING FAITH COMMUNITY CHURCH OF LAKE LAND, INC.



Principal Place of Business

130 YOUNG PLACE
LAKE LAND FL 33803

Mailing Address

130 YOUNG PLACE
LAKE LAND FL 33803

2. Principal Place of Business

1041 N. DAVIS AV.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE LAND FL

City & State

Zip

33805

Country

Zip

Country

4. FEI Number

68-0515685

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROBINSON, BRUCE E
139 YOUNG PLACE
LAKE LAND FL 33803

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 BRUCE E. ROBINSON
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-05-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, BRUCE E	
STREET ADDRESS	130 YOUNG PLACE	
CITY-ST-ZIP	LAKE LAND FL 33803	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, ANNA M	
STREET ADDRESS	130 YOUNG PLACE	
CITY-ST-ZIP	LAKE LAND FL 33803	

TITLE	T	<input type="checkbox"/> Delete
NAME	TARA DIXON	
STREET ADDRESS	3845 PIONEER TRAIL DR	
CITY-ST-ZIP	LAKE LAND FL 33810	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: BRUCE E. ROBINSON 01-05-03 (863) 738-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)