

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16958

1. Entity Name

LIFE OUTREACH CENTER, INC.

Principal Place of Business

509 S. PARK AVE.
APOPKA FL 32703
US

Mailing Address

509 S. PARK AVE.
APOPKA FL 32703
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MOCK, VICKI L
1312 BOB CAT CT
APOPKA FL 32712

4. FEI Number

59-2737255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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 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

TITLE PD
NAME BANKSON, DOUGLAS M
STREET ADDRESS 585 E. SANDPIPER STREET
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE VD
NAME BANKSON, JERI
STREET ADDRESS 585 E. SANDPIPER STREET
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE TD
NAME BANKSON, ROGER C
STREET ADDRESS 36 E. OAK ST.
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE SD
NAME LANDSMAN, MIKE
STREET ADDRESS 118 LINDHURST
CITY-ST-ZIP LONGWOOD FL ☐ Delete

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
NAME
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TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 407-889-7288



DO NOT WRITE IN THIS SPACE

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