

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90006 013 \*\*\*\*70.00

**DOCUMENT # N17084**

1. Entity Name  
**CHURCH OF JESUS CHRIST THE LIVING SAVIOR INC.**

Principal Place of Business      Mailing Address  
**560 ORTIZ AVE**      **3907 SW 20TH STREET**  
**1**      **LEHIGH FL 33971-3331**  
**FT MEYERS FL 33905**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country **LEE**      Zip      Country

4. FEI Number **41-0601155**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHIELD, REV. CHARLES L.**  
**3907 20TH ST**  
**LEHIGH ACRES FL 33971**

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 \_\_\_\_\_ (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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SHIELDS, CHARLES L.</b>	
STREET ADDRESS	<b>3907- 20TH ST</b> <i>SAME</i>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SHIELDS, KATHERINE</b>	
STREET ADDRESS	<b>3907-20 ST</b> <i>SAME</i>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HOWARD, SHERMAN L.</b> <i>SAME</i>	
STREET ADDRESS	<b>MANGO ST</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HOWARD, PATRICIA ANN</b> <i>SAME</i>	
STREET ADDRESS	<b>MANGO ST</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, BILLY D</b> <i>SAME</i>	
STREET ADDRESS	<b>4413 5TH ST</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL 33971-1101</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: SIGNATURE REQUIRED**

CR2E037 (9/99)