

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17084

1. Entity Name

CHURCH OF JESUS CHRIST THE LIVING SAVIOR INC.

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

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

Principal Place of Business

Mailing Address

560 ORTIZ AVE
1
FT MEYERS FL 33905

3907 SW 20TH STREET
LEHIGH FL 33971-3331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-0601155

Applied For

Not Applicable

Zip

Country

LEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELD, REV. CHARLES L.
3907 20TH ST
LEHIGH ACRES FL 33971

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (9/99)