

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

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**



DO NOT WRITE IN THIS SPACE

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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