

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90074 037 ****61.25

DOCUMENT # N21242

1. Entity Name

LOVE CENTER MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**3100 E 11TH STREET
 SPRINGFIELD FL 32401**

**3100 E 11TH STREET
 SPRINGFIELD FL 32401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2767318

Applied For

Not Applicable

Zip

Country

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

**WOOD, RUFUS JR.
 1815 HICKORY AVE.
 PANAMA CITY FL 32401**

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **WOOD, RUFUS JR.**
 CITY-ST-ZIP **1815 HICKORY AVE.
 PANAMA CITY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **ST**
 STREET ADDRESS **OWENS, GWEN**
 CITY-ST-ZIP **1501 COLORADO AVE
 LYNN HAVEN FL**

TITLE ☐ Change ☒ Addition
 NAME **ST**
 STREET ADDRESS **JE Williams, Jennifer K.**
 CITY-ST-ZIP **2142 EAST 8TH COURT
 PANAMA CITY FL 32401**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BROXTON, DUANE**
 CITY-ST-ZIP **700 TRANSMITTER RD L-84
 PANAMA CITY FL**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **BROXTON, DUANE**
 CITY-ST-ZIP **336 SENECA AVE
 CALHOUN FL 32404**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **OWENS, LORENZER**
 CITY-ST-ZIP **1501 COLORADO AVE
 LYNN HAVEN FL 32444**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **GILL, JOE**
 CITY-ST-ZIP **821 FORESTDALE AVE
 PANAMA CITY FL 32404**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **Gill, JOE**
 CITY-ST-ZIP **11437 POSTON
 PANAMA CITY FL 32404**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Jennifer K. Williams
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02
 Date

(850) 769-3460
 Daytime Phone #

CR2E037 (9/01)