

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004263

1. Entity Name

LIVING HOPE WORSHIP CENTER, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90065 044 ****61.25

Principal Place of Business

6281 90TH AVE. NORTH
PINELLAS PARK FL 33782
US

Mailing Address

6281 90TH AVE. NORTH
PINELLAS PARK FL 33782-4708
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3202615

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

FORAN, RANDY D
6740 69TH AVE N
PINELLAS PARK FL 33781

Name FORAN, RANDY D.
Street Address (P.O. Box Number is Not Acceptable)
7650 BRISTOL CT. N.
City St. Petersburg FL Zip Code 33709

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 FORAN, RANDY D
CITY-ST-ZIP 6740 69TH AVE N
PINELLAS PARK FL 33781

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS FORAN, RANDY D.
CITY-ST-ZIP 7650 BRISTOL CT. N.
ST. PETERSBURG, FL 33709

TITLE ☐ Delete
NAME D
STREET ADDRESS FORAN, JANET L
CITY-ST-ZIP 6740 69TH AVE N
PINELLAS PARK FL 33781

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS FORAN, JANET L.
CITY-ST-ZIP 7650 BRISTOL CT. N.
ST. PETERSBURG, FL 33709

TITLE ☐ Delete
NAME D
STREET ADDRESS STRAYER, WILLIAM S
CITY-ST-ZIP 2640 ORCHARD HIGHLANDS DR
PALM HARBOR FL 34684

TITLE ☒ Change ☐ Addition
NAME D.
STREET ADDRESS STRAYER, WILLIAMS.
CITY-ST-ZIP 7337 TROUBLECREEK RD. # 806
NEW PORT RICHEY, FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/2000 727-544-2129