

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/11

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90104 049 \*\*\*\*61.25

**DOCUMENT # N93000004263**

1. Entity Name

**LIVING HOPE WORSHIP CENTER, INC.**

Principal Place of Business

Mailing Address

6281 90TH AVE. NORTH  
 PINELLAS PARK FL 33782  
 US

6281 90TH AVE. NORTH  
 PINELLAS PARK FL 33782  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Pinellas*

Zip

Country

Zip

Country

4. FEI Number

59-3202615

Applied For

Not Applicable

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  
 7650 BRISTOL CT N  
 SAINT PETERSBURG FL 33709**

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	D	<input type="checkbox"/> Delete
NAME	FORAN, RANDY D	
STREET ADDRESS	7650 BRISTOL CT N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORAN, JANET L	
STREET ADDRESS	7650 BRISTOL CT N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRAYER, WILLIAM S	
STREET ADDRESS	7337 TROUBLEARGER RD #806	
CITY-ST-ZIP	NEW PORT RICHEY FL 34853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Secretary D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vennie Talley	
STREET ADDRESS	15556 Verona Ave. #B	
CITY-ST-ZIP	Clearwater, FL 33760	
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**

4/9/01

Date

727-544-2129

Daytime Phone #

CR2E037 (10/00)