

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004263

1. Entity Name

LIVING HOPE WORSHIP CENTER, INC.

FILED

Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90146 015 ****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
US

2. Principal Place of Business

7650 BRISTOL CT. N

3. Mailing Address

7650 BRISTOL CT. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33709

Country

USA

Zip

33709

Country

USA

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
NAME FORAN, RANDY D
STREET ADDRESS 7650 BRISTOL CT N
CITY-ST-ZIP SAINT PETERSBURG FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FORAN, JANET L
STREET ADDRESS 7650 BRISTOL CT N
CITY-ST-ZIP SAINT PETERSBURG FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME TALLEY, VENNIE
STREET ADDRESS 15556 VERONA AVE, #B
CITY-ST-ZIP CLEARWATER FL 33760

TITLE Secretary
NAME TANYA SMITH
STREET ADDRESS 7650 BRISTOL CT. N
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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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 #

CR2E037 (9/01)