


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2003 8:00 am
Secretary of State

05-07-2003 90168 042 ****70.00

DOCUMENT # N94000002164

1. Entity Name
LIFE CHURCH INC.



Principal Place of Business Mailing Address
2160 CREIGHTON RD **2160 CREIGHTON RD**
PENSACOLA FL 32504 **PENSACOLA FL 32504**

55046670



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
5250 E. SPENCER FIELD RD **5250 E. SPENCER FIELD RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PACE, FL **PACE, FL**

Zip Country Zip Country
32571 **SANTA ROSA** **32571** **USA**

4. FEI Number **69-3189469** Applied For
Copy ATTACHED 46-0510412 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MCGRAW, ROGER SR
2160 CREIGHTON RD
PENSACOLA FL 32504

5370 WINDHAM RD
MILTON, FL 32570

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. I am familiar with, and accept the obligations of registered agent.

MANAGING DIRECTOR

SIGNATURE **Roger D. McGraw Sr.** DATE **5 May 03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registered)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGRAW, ROGER	
STREET ADDRESS	2160 CREIGHTON RD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DBM	<input checked="" type="checkbox"/> Delete
NAME	MCGRAW, MYRA	
STREET ADDRESS	5370 WINDHAM RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	DBMS	<input checked="" type="checkbox"/> Delete
NAME	FLEMING, ME	
STREET ADDRESS	1245 BARMEL ST	
CITY-ST-ZIP	PENSACOLA FL 32534	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PM D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER D. MCGRAW SR.	
STREET ADDRESS	5370 WINDHAM RD	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES R. LUNSFORD	
STREET ADDRESS	4431 PACE LANE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH BEAL	
STREET ADDRESS	4411 PACE LANE	
CITY-ST-ZIP	PACE, FL 32571	
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: **ROGER D. MCGRAW SR. MANAGING DIRECTOR** DATE: **5 May 03** DAYTIME PHONE #: **850-476-3745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)