

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002612

1. Entity Name

ANTIOCH YOUNG LIFE CENTER CORPORATION

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90036 021 ****61.25

Principal Place of Business
2300 W ORANGE BLOSSOM TRAIL
APOPKA FL 32712

Mailing Address
2300 W ORANGE BLOSSOM TRAIL
APOPKA FL 32712

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

DUCKSWORTH, GEORGE R
2300 W ORANGE BLOSSOM TRAIL
APOPKA FL 32712

Name **ANTHONY T. DUCKSWORTH**

Street Address (P.O. Box Number is Not Acceptable)

2300 W ORANGE BLOSSOM TRAIL

City **Apopka**

FL

Zip Code
32712

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 **ANTHONY T. DUCKSWORTH**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/01
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** ☒ Delete
NAME **DUCKSWORTH, GEORGE R**
STREET ADDRESS **2300 W ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **ANTHONY T. DUCKSWORTH** ☐ Change ☒ Addition
NAME **ANTHONY T. DUCKSWORTH**
STREET ADDRESS **2300 W ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **Apopka, FL 32712**

TITLE **D** ☐ Delete
NAME **NELSON, QUINTON**
STREET ADDRESS **2300 W ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE **D** ☐ Delete
NAME **NEAL, HAROLD**
STREET ADDRESS **2300 W ORANGE BLOSSOM TRAIL**
CITY-ST-ZIP **APOPKA FL 32712**

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 407 884-7000
Date Daytime Phone #

CR2E037 (10/00)