2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000909

FILED

02 OCT 16 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

TIME OF REFRESHING CHRISTIAN WORSHIP CENTER, INC
. OUTREACH MINISTRY

Principal Place of Business	Mailing Address
39020 SOUTH HIGHWAY 27 LAKE HAMILTON FL 33845	2236 DOE CROSSING ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

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 59-3311940 ☐ 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
SPENCER, SHEILA J 2236 DOE CROSSING ORLANDO FL 32837	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.

SIGNATURE: Sheila J Spencer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $226.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DRUMMER, TEMEKA 2236 DOE CROSSING COURT ORLANDO FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900008435589 10/17/02--01096--011 **175.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JONES, NADIA 4325 S. TEXAS AVE. ORLANDO FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition P 900008435589 02/13/03--01015--001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SINGLETARY, CECILIA 1210 CRAB ST. HANES CITY FL 33844 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPENCER, SHEILA J 3958 TOWN CENTER BLVD. ORLANDO FL 32837 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 02
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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: Sheila J Spencer 8-10-02 407-340-8500