

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001419

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** LIFE OF FAITH CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

530 NW 189TH TERRACE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 331927  
COCONUT GROVE, FL 33233

**New Mailing Address:**

**FEI Number:** 65-0567060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIXON, TWANN D  
530 NW 189TH TERRACE  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DIXON, MICHAEL  
Address: 530 NW 189TH TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: VT ( ) Delete  
Name: DIXON, TWANN  
Address: 530 NW 189TH TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: TD ( ) Delete  
Name: BOYD, CLARICE  
Address: 16101 S.W. 107TH LANE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TWANN DIXON

VT

04/30/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date