

DOCUMENT # N95000002173

1. Entity Name

LOVE CENTER OUTREACH MINISTRIES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90197 048 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

376 W CHASE ST
PENSACOLA FL 32501

1102 N WEBSTER DR
PENSACOLA FL 32505-4543
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEBSTER, JAMES E
1102 N WEBSTER DR
PENSACOLA FL 32505

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** ☐ Delete
NAME **GRANDBERRY, RITA**
STREET ADDRESS **4409 ELLYSEE WAY**
CITY-ST-ZIP **PENSACOLA FL 32505**

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

TITLE **D** ☐ Delete
NAME **NEILLY, HARRISON**
STREET ADDRESS **1275 MAHAGONY MILS ROAD, APT 1A**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☒ Change ☐ Addition
NAME **Neilly, Harrison**
STREET ADDRESS **614 E. Belmont Street**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **PD** ☐ Delete
NAME **WEBSTER, JAMES E**
STREET ADDRESS **1102 N WEBSTER DR**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **STD** ☐ Delete
NAME **WEBSTER, JACQUELINE**
STREET ADDRESS **1102 N WEBSTER DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VT** ☒ Change ☐ Addition
NAME **Webster, Jacqueline**
STREET ADDRESS **1102 Webster Drive**
CITY-ST-ZIP **Pensacola, FL 32505**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Lakesha Fountain**
STREET ADDRESS **1105 Desmond**
CITY-ST-ZIP **Pensacola, FL 32505**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Change ☒ Addition
NAME **Marsha A. Carter**
STREET ADDRESS **2800 N. 9th Ave, Apt 9-A**
CITY-ST-ZIP **Pensacola, FL 32503**

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:

Jacqueline Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

(850) 432-2336

Daytime Phone #

X 134

CR2E037 (9/99)