2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 13, 2001 8:00 am Secretary of State DOCUMENT # N95000002173 1. Entity Name LOVE CENTER OUTREACH MINISTRIES, INC. 02-13-2001 90046 023 ****61.25 Principal Place of Business Mailing Address 376 W CHASE ST 1102 N WEBSTER DR PENSACOLA FL 32501 PENSACOLA FL 32505 C0020428 2. Principal Place of Business 3. Mailing Address st 376 West Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number ρ NOT APPLICABLE ensacola Not Applicable Country 5 Zip Country \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WEBSTER, JAMES E 1102 N WEBSTER DR PENSACOLA FL 32505 Zip Code FL 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME GRANDBERRY, RITA STREET ADDRESS STREET ADDRESS 4409 ELLYSEE WAY CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME **NEILLY. HARRISON** NAME STREET ADDRESS STREET ADDRESS 614 E BELMONT STREET CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME WEBSTER, JAMES E NAME STREET ADDRESS STREET ADDRESS 1102 N WEBSTER DR CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE Delete TITLE ☐ Change ☐ Addition WEBSTER, JACQUELINE NAME NAME STREET ADDRESS 1102 N WEBSTER DR STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE FOUNTAIN, LAKESHA NAME NAME STREET ADDRESS STREET ADDRESS 1105 DESMOND CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME CARTER, MARSHA A STREET ADDRESS STREET ADDRESS 2800 N. 9 AVENUE APT. 9-A 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

PENSACOLA FL 32503