

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90698 025 ****61.25

DOCUMENT # N95000002173

1. Entity Name

LOVE CENTER OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

376 W CHASE ST
 PENSACOLA FL 32501

376 W CHASE ST
 PENSACOLA FL 32501
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1305 West Scott Street

614 East Belmont Street

City & State

City & State

Pensacola, FL

Pensacola, FL

Zip

Country

Zip

Country

32501

USA

32501

USA

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

Webster James E

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

614 East Belmont Street

City

Pensacola

FL

Zip Code

32501

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 **614 E. BELMONT STREET**
 CITY-ST-ZIP **PENSACOLA FL 32501**

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

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

TITLE ☒ Change ☐ Addition
 NAME **PD Webster James E**
 STREET ADDRESS **614 East Belmont Street**
 CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **S** ☒ Delete
 NAME **FOUNTAIN, LAKESHA**
 STREET ADDRESS **1105 DESMOND**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Change ☒ Addition
 NAME **S mareba Randall**
 STREET ADDRESS **1100 Seawic Hwy Apt 100**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **C** ☒ Delete
 NAME **CARTER, MARSHA A**
 STREET ADDRESS **2800 N. 9 AVENUE APT. 9-A**
 CITY-ST-ZIP **PENSACOLA FL 32503**

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

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: *James E Webster* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

(850) 432-0703

Date

Daytime Phone #

0007781

CR2E037 (9/01)