

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90294 020 ****61.25

DOCUMENT # N95000002173

1. Entity Name

LOVE CENTER OUTREACH MINISTRIES, INC.



Principal Place of Business

**1305 WEST SCOTT STREET
PENSACOLA FL 32501**

Mailing Address

**1305 WEST SCOTT STREET
PENSACOLA FL 32501
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**WEBSTER, JAMES E
614 EAST BELMONT STREET
PENSACOLA FL 32501**

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

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
Florida 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 **D** ☐ Change ☒ Addition
NAME **Webster Sole Deborah**
STREET ADDRESS **4600 Twin Oak Dr. #402**
CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **D** ☐ Delete
NAME **NEILLY, HARRISON**
STREET ADDRESS **614 E. BELMONT STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☒ Change ☐ Addition
NAME **Neilly, Harrison**
STREET ADDRESS **611 West Jordan Street**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **PD** ☐ Delete
NAME **WEBSTER, JAMES E**
STREET ADDRESS **614 EAST BELMONT STREET**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **PD** ☒ Change ☐ Addition
NAME **Webster, James E.**
STREET ADDRESS **4600 Twin Oaks #402**
CITY-ST-ZIP **Pensacola, FL 32506**

TITLE **S** ☐ Delete
NAME **MAREBA, RANDELL**
STREET ADDRESS **1100 SCENIC HWY APT 100**
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

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 **JAMES E. Webster**

4-14-03

CR2E037 (10/02)