

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra J. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004826 (2)

1. Corporation Name

LOVE UNLIMITED CHRISTIAN CENTER, INC.



Principal Place of Business

4202 N 22ND ST
TAMPA FL

Mailing Address

4202 N 22ND ST
TAMPA FL

3. Date Incorporated or Qualified
10/09/1995

3a. Date of Last Report

2. Principal Place of Business

21 7220 N. Nebraska Ave

2a. Mailing Address

26 603 Fairmont Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Tampa, Florida

27 City & State

28 Brandon, Florida

24

Zip

33609

Country

25 Hillsborough

29 Zip

33511

Country

30 Hillsborough

4. FEI Number

59-334259

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CASEY, WANDA D
4202 N 22ND ST
TAMPA-FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GREEN, MARION
STREET ADDRESS 1043 CARDONNA ST
CITY-ST-ZIP TAMPA FL 33619

TITLE V ☒ DELETE

NAME RAINES, RUSSELL
STREET ADDRESS 2215 E OSBORNE ST #H
CITY-ST-ZIP TAMPA FL 33610

TITLE T ☒ DELETE

NAME GREEN, YVETTE
STREET ADDRESS 1043 CARDONNA ST
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Green, Marion
1.3 STREET ADDRESS 603 Fairmont Dr.
1.4 CITY-ST-ZIP Brandon, FL 33511

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Yvette Green
2.3 STREET ADDRESS 603 Fairmont Dr.
2.4 CITY-ST-ZIP Brandon, FL 33511

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Jackie Tabor
3.3 STREET ADDRESS 1722 N. NASSAU ST
3.4 CITY-ST-ZIP Tampa, FL 33607

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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6/15/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARION B. GREEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARION B. GREEN

Date

4/17/96

Daytime Phone

(813) 912-7864

CR2E037 (12/95)