

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91444 016 \*\*\*\*61.25

**DOCUMENT # N96000000711**

1. Entity Name

**LIFE CHANGERS CHURCH, INC.**



Principal Place of Business

7961 OVERLOOK RD  
LAKE WORTH FL 33463

Mailing Address

8115 OLD MILITARY TRAIL  
BOYNTON BEACH FL 33438

2. Principal Place of Business

8115 Old military TR.

3. Mailing Address

8115 Old military TR.

Suite, Apt. #, etc.

Boynton Beach, FL.

Suite, Apt. #, etc.

Boynton Beach, FL.

City & State

City & State

4. FEI Number **65-0643527**

Applied For

Not Applicable

Zip

33438

Country

US

Zip

33438

Country

US

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

**YOUNG, JESSE A**  
**8115 OLD MILITARY TR**  
**GREENACRES FL 33463**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, JESSE A</b>	
STREET ADDRESS	<b>5690 BISCYNE DRIVE</b>	
CITY-ST-ZIP	<b>GREENACRES FL 33463</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHEN, PARLET</b>	
STREET ADDRESS	<b>610 NORTH D STREET</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33480</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, SHERYL S</b>	
STREET ADDRESS	<b>8115 OLD MILITARY TRL</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCINTYRE, DELORES</b>	
STREET ADDRESS	<b>35 SEAVIE CIR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

4-30-03

561-742-9376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)