## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # N97000003322 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name LIFE LINE OF CHRIST MINISTRIES, INC. 04-04-2000 90036 020 \*\*\*\*70.00 Principal Place of Business Mailing Address 6327 CRETE COURT 703 WEST CENTRAL BOULEVARD ORLANDO FL 32818-2209 ORLANDO FL 32805 2. Principal Place of Business 3. Mailing Address 681835 3456 SI Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State NOT APPLICABLE DRIDA RLA NDO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32818 Fee Required PRANGE 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) JONES, GWENDOLYN EVANG. 7235 PINION DRIVE ORLANDO FL 32818 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. "FEE IS \$61.25 Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10 DM TITLE Addition TITLE Delete NAME NAAB, BLANCHE NAME Robbins, SYLVESTER SK STREET ADDRESS STREET ADDRESS 703 W. CENTRAL BLVD P.O. BOX 681835, ORLANDO, F CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32805 ☐ Addition PD I TITLE TITLE ☐ Delete Robbins, PATRICIA NAME ROBBINS, SYLVESTER SR NAME STREET ADDRESS PO BOX 681835 STREET ADDRESS 703 WEST CENTRAL BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL-32805 -ORLANDA FZT ☐ Delete PARCINA Robbins PO. BOX 681835 X Change Addition TITLE TITLE apd ROBBINS, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 6327 CRETE COURT ORLANDO FL. 32818 CITY-ST-ZIP CITY-ST-7IP <u>Orlando FL 32818</u> SD NAAB, BLANCHE DO. BOX 681935 Change Change ☐ Addition TITLE TITLE SD Delete NAME NAME ROBBINS, PARCILLA STREET ADDRES STREET ADDRESS 703 WEST CENTRAL BOULEVARD ORLANDO, FLORIDA 32818 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Addition Change Change Delete TITLE DUMAS, MARY DUMAS, MARY NAME P.O. BOX 681835 STREET ADDRESS STREET ADDRESS 703 WEST CENTRAL BOULEVARD ORLANDO, FL 37818 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 Addition TITLE Delete ☐ Change JONES, DANIEL NAME 00 Box 681835 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32818 CITY-ST-ZIP 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

Daytime Phone #

changed, or on an attachment

SIGNATURE: