

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003927

1. Entity Name

LIFELINE COMMUNITY CHURCH, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90071 040 ****61.25

Principal Place of Business

2131 HILLVIEW STREET
 SARASOTA FL 34239-2346

Mailing Address

2131 HILLVIEW STREET
 SARASOTA FL 34239-2346

2. Principal Place of Business

3112 SOUTHGATE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

3112 SOUTHGATE CIRCLE

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34239-5515

Country

USA

Zip

34239-5515

Country

USA

4. FEI Number

59-3460546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILKINS, MICHAEL
 2131 HILLVIEW STREET
 SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

WILKINS, MICHAEL

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

3112 SOUTHGATE CIRCLE

City

SARASOTA

FL

Zip Code

34239-5515

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]

MICHAEL WILKINS, PRES./DIR.

4-25-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILKINS, MIKE	
STREET ADDRESS	2131 HILLVIEW STREET	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, DAVID C	
STREET ADDRESS	1017 20TH ST	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BASSIE, STEVE	
STREET ADDRESS	11122 PINE LILLY PL	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARBER, LON L	
STREET ADDRESS	920 HOBSON ST	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, DAVID C.	
STREET ADDRESS	1017 20TH ST	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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] REMI KETTEL/DKINS, PRES./DIR.

4-25-00

941-955-7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)