

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004630

1. Entity Name

MINISTRY OF LIFE CHRISTIAN CENTER, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90959 035 ****70.00

Principal Place of Business

Mailing Address

4823 SILVER STAR ROAD
SUITE # 120
ORLANDO FL 32808
US

P.O. BOX 592941
ORLANDO FL 32859-2941
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3463216

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CHANEY, CEDRIC A
STREET ADDRESS 2187 W OAKRIDGE RD 408A
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE YOUTH PASTOR
NAME CLEVELAND COTTEN
STREET ADDRESS 4601 ROSE CORAL DRIVE, APT. #92
CITY-ST-ZIP ORLANDO, FLORIDA 32808 ☐ Change ☒ Addition

TITLE STD
NAME CHANEY, LATONJA L
STREET ADDRESS 2187 W OAKRIDGE RD, 408A
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE YOUTH DIRECTOR
NAME LATOSHA COTTEN
STREET ADDRESS 4601 ROSE CORAL DRIVE, APT. #92
CITY-ST-ZIP ORLANDO, FLORIDA 32808 ☐ Change ☒ Addition

TITLE D
NAME CHANEY, CARRIE B
STREET ADDRESS 5612 STONERIDGE CIR
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Latonya L. Chaney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2000 407-294-0044

Date

Daytime Phone #

CR2E037 (9/99)