

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004630

1. Entity Name

MINISTRY OF LIFE CHRISTIAN CENTER, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90025 007 ****70.00

Principal Place of Business

4823 SILVER STAR ROAD
SUITE # 120
ORLANDO FL 32808
US

Mailing Address

P.O. BOX 592941
ORLANDO FL 32859
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

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

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

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

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

TITLE ☒ Delete
NAME YP
STREET ADDRESS COTTEN, CLEVELAND
CITY-ST-ZIP 4601 ROSE CORAL DR APT 92
ORLANDO FL 32808

TITLE ☒ Delete
NAME YD
STREET ADDRESS COTTEN, LATOSHA
CITY-ST-ZIP 4601 ROSE CORAL DR APT 92
ORLANDO FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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: Cedric A Chaney Date 5-29-01 (707) 294-0644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)