

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004827

1. Entity Name

LION-HEARTED EVANGELISTIC ASSOCIATION INCORPORAT

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90115 025 ****61.25

Principal Place of Business

Mailing Address

1050 DERBYSHIRE ROAD
HOLLY HILL FL 32125
US

P O BOX 730682
ORMOND BEACH FL 32173
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

73-1413860

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

LIVINGSTON, DANIEL K
549 6TH STREET
HOLLY HILL FL 32125

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME T
STREET ADDRESS NEWMAN, REV ROBERT
CITY-ST-ZIP 4416 STATE ROAD
LAKE LAND FL 33813

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JONES, DENNIS
CITY-ST-ZIP 1001 FAIRWAY COURT
CHESEAPKE VA 23320

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS REID, TOMMY REV
CITY-ST-ZIP 701 WILLARDSHIRE RD
ORCHARD PARK NY 14127

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BOWMAN, REV DAVID
CITY-ST-ZIP 15 MACLEEL
DEERCHAMP NC

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

TITLE ☐ Delete
NAME P
STREET ADDRESS LIVINGSTON, DANIEL
CITY-ST-ZIP 549 6TH STREET
HOLLY HILL FL 32125

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

TITLE ☐ Delete
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL K. LIVINGSTON

Date

Daytime Phone

904-253-5127
25 July 2000

CR2E037 (5/00)