

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N98000001964

1. Entity Name

LOVE IN CHRIST MINISTRIES, INC.

Principal Place of Business

Mailing Address

401 DEEN ROAD
BUNNELL FL 32110

POST OFFICE BOX 1445
BUNNELL FL 32110-1445

2. Principal Place of Business

3. Mailing Address

400 Palmetto

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bunnell, FL

City & State

Zip

Country

32110

Flagler

4. FEI Number

59-3510216

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

WHITE, LORI A
401 DEEN ROAD
BUNNELL FL 32110

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

Lori A. White President Len G. White

4-21-00

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.

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\$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	P D	<input type="checkbox"/> Delete
NAME	WHITE, LORI A	
STREET ADDRESS	P.O. BOX 1445	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KIRKLAND, JAMES D	
STREET ADDRESS	2606 SOUTH CENTRAL AVENUE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DAWN	
STREET ADDRESS	P.O. BOX 351356	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DENNIS	
STREET ADDRESS	P.O. BOX 351356	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Lori A. White P D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 1445	
STREET ADDRESS	Bunnell, FL 32110	
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph L. White	
STREET ADDRESS	P.O. BOX 1445 - 401 Deen Rd.	
CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Spencer	
STREET ADDRESS	P.O. BOX 2538 - 410 N. Church St.	
CITY-ST-ZIP	Bunnell, FL 32110	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 904 437-1302

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)