

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001964

1. Entity Name

LOVE IN CHRIST MINISTRIES, INC.

Principal Place of Business

400 PALMETTO
BUNNELL FL 32110

Mailing Address

POST OFFICE BOX 1445
BUNNELL FL 32110

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

WHITE, LORI A
401 DEEN ROAD
BUNNELL FL 32110

7. Name and Address of New Registered Agent

Name

Amy Spencer

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

410 Church St.

City

Bunnell

FL

32110

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 Amy Spencer Sec/Treas
Signature, typed or printed name of registered agent and title if applicable.

Amy Spencer
(NOTE: Registered Agent signature required when reinstating)

5/14/01

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 ☐ Delete
NAME WHITE, LORI A
STREET ADDRESS P.O. BOX 1445
CITY-ST-ZIP BUNNELL FL 32110

TITLE VPD ☐ Delete
NAME WHITE, JOSEPH L
STREET ADDRESS PO-BOX 1445
CITY-ST-ZIP BUNNELL FL 32110

TITLE STD ☐ Delete
NAME SPENCER, AMY
STREET ADDRESS PO BOX 2538
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME White, Lori A
STREET ADDRESS 2924 Beechwood Rd.
CITY-ST-ZIP Rose City, MI 48654

TITLE V.P.D. ☒ Change ☐ Addition
NAME White, Joseph L.
STREET ADDRESS 2924 Beechwood Rd.
CITY-ST-ZIP Rose City, MI 48654

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: Amy Spencer REQUIRED Amy Spencer

5-14-01

904-431-7872

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91246 017 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)