

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005899

1. Entity Name

BREATH OF LIFE WORSHIP CENTER INCORPORATED

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90104 024 ****61.25

Principal Place of Business

Mailing Address

10 BERRY CT.
MASCOTTE FL 34753
US

10 BERRY CT.
MASCOTTE FL 34753-8816
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

329 A Hwy 50
Suite, Apt. #, etc.

10 Berry CT.
Suite, Apt. #, etc.

City & State

Mascotte, FL

City & State

Mascotte, FL

4. FEI Number

59-3564341

Applied For

Not Applicable

Zip

34753

Country

USA

Zip

34753

Country

USA

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

WARD, CHRISTIAN
10 BERRY CT.
MASCOTTE FL 34753

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

Christian Ward
Signature, typed or printed name of registered agent and title if applicable.

Pastor

(NOTE: Registered Agent signature required when reinstating)

3/5/00

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 P ☐ Delete
NAME WARD, CHRISTIAN
STREET ADDRESS 10 BERRY CT.
CITY-ST-ZIP MASCOTTE FL 34753

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

TITLE ST ☐ Delete
NAME GREEN, BETTY
STREET ADDRESS P.O. BOX 120764
CITY-ST-ZIP CLERMONT FL 34712

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

TITLE D ☐ Delete
NAME WARD, PAMELA
STREET ADDRESS 10 BERRY CT.
CITY-ST-ZIP MASCOTTE FL 34753

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

TITLE D ☐ Delete
NAME GREEN, BOBBY
STREET ADDRESS P.O. BOX 120764
CITY-ST-ZIP CLERMONT FL 34712

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

TITLE D ☐ Delete
NAME FLEMING, BERNESE
STREET ADDRESS P.O. BOX 611
CITY-ST-ZIP OAKLAND FL 34760

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 all other like empowered.

SIGNATURE:

Christian Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/00

Date

352-429-9267

Daytime Phone #

CR2E037 (9/99)