

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005899

1. Entity Name

BREATH OF LIFE WORSHIP CENTER INCORPORATED

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90070 045 ****61.25

0082443

Principal Place of Business

329 A HWY 50
MASCOTTE FL 34753
US

Mailing Address

10 BERRY CT.
MASCOTTE FL 34753
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3564341

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, CHRISTIAN
10 BERRY CT.
MASCOTTE FL 34753

7. Name and Address of New Registered Agent

Name

Christian Ward

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

10 Berry Ct
Mascotte, FL 34753

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Trustee
NAME Shantea Holiday
STREET ADDRESS 1105 Kristen Apt 14
CITY-ST-ZIP Leesburg Fla 34748 ☐ Change ☒ Addition

TITLE Trustee
NAME Katharina A. Price
STREET ADDRESS 1223 Pamela St Apt 10
CITY-ST-ZIP Leesburg Fla 34748 ☐ Change ☒ Addition

TITLE JR. Pastor
NAME Pamela Ward
STREET ADDRESS 10 Berry Ct
CITY-ST-ZIP Mascotte, FL 34753 ☒ Change ☐ Addition

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

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

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

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 Henry Ward Sr. 3-5-01, 352 429 9267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)