

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005899

1. Entity Name

BREATH OF LIFE WORSHIP CENTER INCORPORATED

Principal Place of Business

Mailing Address

329 A HWY 50  
MASCOTTE FL 34753  
US

10 BERRY CT.  
MASCOTTE FL 34753  
US

2. Principal Place of Business

329 A Hwy 50

3. Mailing Address

10 Berry Ct  
Mascotte, FL

Suite, Apt. #, etc.

Mascotte, FL

City & State

34753

Zip

USA

Country

34753

Zip

USA

Country

4. FEI Number 59-3564341

Applied For  
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Christian Ward* Christian Ward 7/18/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002,  
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

TITLE	P	Delete <input type="checkbox"/>
NAME	WARD, CHRISTIAN	
STREET ADDRESS	10 BERRY CT.	
CITY-ST-ZIP	MASCOTTE FL 34753	
TITLE	ST	Delete <input type="checkbox"/>
NAME	GREEN, BETTY	
STREET ADDRESS	P.O. BOX 120764	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	JRP	Delete <input type="checkbox"/>
NAME	WARD, PAMELA	
STREET ADDRESS	10 BERRY CT.	
CITY-ST-ZIP	MASCOTTE FL 34753	
TITLE	D	Delete <input type="checkbox"/>
NAME	GREEN, BOBBY	
STREET ADDRESS	P.O. BOX 120764	
CITY-ST-ZIP	CLERMONT FL 34712	
TITLE	D	Delete <input type="checkbox"/>
NAME	FLEMING, BERNESE	
STREET ADDRESS	P.O. BOX 611	
CITY-ST-ZIP	OAKLAND FL 34760	
TITLE	T	Delete <input type="checkbox"/>
NAME	HOLIDAY, SHANTCA	
STREET ADDRESS	1105 KRISTEN APT #1	
CITY-ST-ZIP	LEESBURG FL 34748	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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* Christian Ward 7/18/02 352-429-9267  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED  
Jul 28, 2002 8:00 am  
Secretary of State

07-28-2002 90200 036 \*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

July 15, 2002

BREATH OF LIFE WORSHIP CENTER INCORPORATED  
10 BERRY CT.  
MASCOTTE, FL 34753 US

Subject: **BREATH OF LIFE WORSHIP CENTER INCORPORATED**

Reference Number: **N98000005899**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the  
Division of Corporations at (850) 488-9000.

/JN  
ANNUAL REPORTS SECTION