## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900001752

1. Entity Name

GREATER LOVE CHRISTIAN CENTER, INC.



## FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90278 029 \*\*\*\*61.25

•	ce of Business IKIN STREET ST CL 33566	Mailing Address 2306 N. HAROLD AVE TAMPA FL 33607		000001h				
2. Principal Place of Business		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number <b>59-3595199</b>			pplied For	
Zip	Country	Zip	Country	5. Certificate of State		\$8.75 Add		
<u>.</u>	6. Name and Address of Current	t Registered Agent	T T	7. Name and Addre	ss of New Registered A			
		the second of th	Name	-				
ECHOLS, B. FRANKLIN DR 2306 NORTH HAROLD AVENUE			Street Address (P.O. Box Number is Not Acceptable)					
tampa f	FL 33607							
			City	FL Zip Code			e	
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable. (NOTE	E: Registered Agent signature requi	ired 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 Florida Department of State			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHOLS, MASSALENA REV 2306 NORTH HAROLD AVE. TAMPA FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT BUXTON, CATHERINE SIS 3935 CREEK WOOD DRIVE PLANT CITY FL 33567	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE TANDE NAME STREET ADDRESS CITY-ST-ZIP	D ECHOLS, B.FRANKLIN DR. SP 2306 N. HAROLD AVE. TAMPA FL 33607	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Name, a la la regar		Change	Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the same of th	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1,1	te .	Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ 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.

CITY-ST-ZIP

SIGNATURE: Dr Zo Grandin Solling & Signature Echot MASSA 03 (813) 676-107-4

CR2E037 (10/02)