2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # N9900002489 1. Entity Name GREATER LOVE CHRISTIAN CENTER AND WORLD OUTREACH 05-04-2001 90138 038 ****61.25 Principal Place of Business Mailing Address 2823 CHALLENGER DRIVE 2823 CHALLENGER DRIVE PALM HARBOR FL 34683 PALM HARBOR FL 34683 ते क्रिकेट पूर्व दवि 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3563348 Not Applicable Zip Country Zip Country \$8.75 Additional 5.⇒Certificate of Status Desired - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ZABAWSKI, RUTH 2823 CHALLENGER DRIVE PALM HARBOR FL 34683 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 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITI F ☐ Channe TITLE ☐ Delete ZABAWSKI, DAVID M NAME NAME 2823 CHALLENGER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-7IP ☐ Addition Delete TITLE ☐ Change TITLE ZABAWSKI, RUTH NAME NAME 2823 CHALLENGER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ZABAWSKI, JOHN A Ce NAME NAME 2715 ROYAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTERVILLE NC 28590 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.