

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

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90161 002 \*\*\*\*61.25

**DOCUMENT # N99000003575**

1. Entity Name

**LARGO FOR JESUS CHRISTIAN CENTER, INC.**



Principal Place of Business

**1544 CROSBY STREET  
LARGO FL 33778**

Mailing Address

**1544 CROSBY STREET  
LARGO FL 33778**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NEWSOME, MARETTA  
1842 12TH STREET, SW  
LARGO FL 33778**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	MCCASKILL, WILLIE M	
STREET ADDRESS	1544 CROSBY STREET	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MCCASKILL, MALACHI JR.	
STREET ADDRESS	1544 CROSBY STREET	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEWSOME, MARETTA	
STREET ADDRESS	1842 12TH STREET, SW	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUCKEY, MARCY	
STREET ADDRESS	302 SW EAST PORT CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUCKEY, TROY D	
STREET ADDRESS	302 SW EAST PORT CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: WILLIE M MCCASKILL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3-17-03

(727) 581-6140

CR2E037 (10/02)