

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004519

1. Entity Name

STILL WATER CHRISTIAN LIFE CENTER, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90016 011 ****70.00

Principal Place of Business

3105 MASSEE RD.
DAVENPORT FL 33837

Mailing Address

3105 MASSEE RD.
DAVENPORT FL 33837-8087

2. Principal Place of Business

717 E. JONES AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 368

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State HAINES CITY, FL		City & State HAINES CITY, FL		4. FEI Number 59-3559095	Applied For <input type="checkbox"/> Not Applicable
Zip 33844	Country FL	Zip 33845	Country FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMPSON, KENNETH M
3105 MASSEE RD.
DAVENPORT FL 33837

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.

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, KENNETH A 3105 MASSEE RD. DAVENPORT FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID L CAMERON 3560 E. HINSON AVENUE HAINES CITY, FL. 33844 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JIM 2100 PENINSULAR DR. HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NITSCH, KARTHUR 305 E. BLVD. DAVENPORT FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIPP, KENNETH 914 POINTE EVA PL HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: *Kenneth Thompson* **SIGNATURE REQUIRED** **KENNETH THOMPSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00

Date

863-422-9226

Daytime Phone #

CR2E037 (9/99)