

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004519

1. Entity Name

STILL WATER CHRISTIAN LIFE CENTER, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90143 002 ****61.25

Principal Place of Business

717 E JAMES AVE
HAINES CITY FL 33844

Mailing Address

P.O. BOX 368
HAINES CITY FL 33845

2. Principal Place of Business

709 E. JONES AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

City & State

Zip

33844

Country

FL

Zip

Country

4. FEI Number

59-3559095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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)

1-25-02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMPSON, KENNETH M
3105 MASSEE RD.
DAVENPORT FL 33837 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELSON, JIM
2100 PENINSULAR DR.
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMERON, DAVID L
3560 E HINSON AVE
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIPP, KENNETH
914 POINTE EVA PL.
HAINES CITY FL 33844 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

863-422-9226

Daytime Phone #

CR2E037 (9/01)