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

DOCUMENT # N99000004519

1. Entity Name



FILED Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90226 019 ****61.25

Signature Security	STILL WAT	TER CHRISTIAN LIFE CENTE						
Suite, Applied For Note Address of New Registered Agent THOMPSON, KENNETH M 3105 MASSER RD. DAVENPORT FL 33837 FILE NOW: FEE IS \$61.25 P. Beclion Campaign Financing Trust Fund Contribution: Thompson, KENNETH M 3105 MASSER RD. DAVENPORT FL 33837 FILE NOW: FEE IS \$61.25 P. Beclion Campaign Financing Trust Fund Contribution: The About Note of Press And DIRECTORS IN 10 THOMPSON, KENNETH M 3105 MASSER RD. DAVENPORT FL 33837 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) The above named or prejudenced agent in a responsion. In the above named or prejudenced agent in a responsion. In the above named or prejudenced agent in a responsion. In the above named or prejudenced agent in a responsion. In the above named or prejudenced agent in a responsion. In the above named or prejudenced agent in a responsion. In the above named or prejudenced agent in a responsion. In the above named or prejudenced agent in a responsion. In the above named or prejudenced agent in a responsion response respo	709 E. JONES AVENUE		P.O. BOX 368					
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Applied For	Suite, Apt.	#, etc.		de	ું ,c	HECK HERE IF MAKING	CHANGES	
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3105 MASSÉE RD. DAVENPORT FL 33837 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and acc the obligations of epistered agent. Signature	THOMBOO	SAL IZPAINIPTI LA		Name				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. i am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typed or purplet name of registered agent applications. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing	3105 MAS	SSEE RD.		Street Address (P.O. Box Number is Not Acceptable)				
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		entify that the information supplied with	h this filing does not qualify for th		Section 119 07/31/i) Flo	rida Statutes I further certi	fy that the i	nformation

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 pociver 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 a filter like empowered.

SIGNATURE:

UAE REQUIRED

216103

863-291-3900