

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90226 019 \*\*\*\*61.25

**DOCUMENT # N99000004519**

1. Entity Name

**STILL WATER CHRISTIAN LIFE CENTER, INC.**



Principal Place of Business

**709 E. JONES AVENUE  
HAINES CITY FL 33894**

Mailing Address

**P.O. BOX 368  
HAINES CITY FL 33845**

2. Principal Place of Business

**100 McKay Drive**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 368**  
Suite, Apt. #, etc.  
**Haines City**

City & State

**Haines City, FL**

City & State

**FL**

Zip

**33844**

Country

**USA**

Zip

**33845**

Country

**USA**

4. FEI Number **59-3559095**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/6/03**

**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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]* **SIGNATURE REQUIRED**

**2/6/03**

**863-291-3900**

CR2E037 (10/02)