

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004596

1. Entity Name

CROWN OF LIFE FAMILY WORSHIP CENTER, INCORPORATE

Principal Place of Business

3304 ACAPULCO DR
RIVERVIEW FL 33569

Mailing Address

PO BOX 3462
RIVERVIEW FL 33568

2. Principal Place of Business

2225 131ST AVE

Suite, Apt. #, etc.

Apt #4403

3. Mailing Address

P.O BOX 3462

Suite, Apt. #, etc.

City & State

TAMPA, Florida

City & State

RIVERVIEW, FL

Zip

33612

Country

USA

Zip

33568

Country

USA

4. FEI Number

59-3533148

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINN, CRAIG SR
3304 ACAPULCO DR
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name CRAIG QUINN SR

Street Address (P.O. Box Number is Not Acceptable)

2225 131ST AVE APT 4403

City TAMPA

FL

Zip Code 33612

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

After September 12, 2001, min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	QUINN, CRAIG SR	
STREET ADDRESS	3304 ACAPULCO DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, MACHELLS	
STREET ADDRESS	3304 ACAPULCO DR	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCQUEEN, CLARETHA	
STREET ADDRESS	11327-D WINTER CT	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG QUINN SR	
STREET ADDRESS	P.O BOX 3462	
CITY-ST-ZIP	RIVERVIEW, FL 33568	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHELLS QUINN	
STREET ADDRESS	P.O. BOX 3462	
CITY-ST-ZIP	RIVERVIEW, FL 33568	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARETHA MCQUEEN	
STREET ADDRESS	P.O. BOX 3462	
CITY-ST-ZIP	RIVERVIEW, FL 33568	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

CRAIG QUINN SR

July 23, 2001 / 813-431

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90002 006 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)