

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-30-2000 90006 023 \*\*\*\*61.25

**DOCUMENT # 760056**

1. Entity Name P  
**LORD OF LIFE FELLOWSHIP OF WINTER SPRINGS, INC.**  
*Church of God*

Principal Place of Business      Mailing Address

**LORD OF LIFE**      **LORD OF LIFE**  
**395 TUSKAWILLA RD**      **395 TUSKAWILLA RD**  
**WINTER SPRINGS FL 32708**      **WINTER SPRINGS FL 32708**  
**US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2159754**      Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~CLARK, MARVIN R~~  
~~69 MAJORCA DRIVE~~  
~~WINTER SPRINGS FL 32708~~

*Philip C. Waisanen*  
*1093 Clinging Vine Place*  
*Winter Springs, FL*  
*32708*

7. Name and Address of New Registered Agent

Name *Philip C. Waisanen*

Street Address (P.O. Box Number is Not Acceptable)  
*1093 Clinging Vine Pl.*

City *Winter Springs*      FL      Zip Code *32708*

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 *Philip C. Waisanen*      DATE *7/7/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, MARVIN 69 MAJORCA DRIVE WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Philip C. Waisanen 1093 Clinging Vine Pl. Winter Springs, FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCMORROW, HORACE 395 TUSKAWILLA RD WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Cecere, Mark Winter Springs, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAFFORD, AL 1006 LEEDS CT WINTER GARDEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Orrach, William Winter Springs, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, LAURIE 1249 NATURES WAY WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hammond, Guy B 4087 Belle Meade Ct. Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRIN, BILL 1518 EIF STONE COURT CASSELBERRY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fontenot, Randy 1201 Sherbrook Dr. Deltona, FL 32738 <input checked="" 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 empowered.

SIGNATURE: *Philip C. Waisanen*      DATE *7/7/00*      PHONE *(407) 695-7494*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (5/00)