

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90384 013 \*\*\*\*61.25

**DOCUMENT # 760056**

1. Entity Name

**LORD OF LIFE FELLOWSHIP OF WINTER SPRINGS, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2159754**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAISANEN, PHILP C  
 1093 CLINGING VINE PL  
 WINTER SPRINGS FL 32708**

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> Delete |
| NAME           | CLARK, MARVIN           |                                 |
| STREET ADDRESS | 69 MAJORCA DRIVE        |                                 |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708 |                                 |
| TITLE          | C                       | <input type="checkbox"/> Delete |
| NAME           | MCMORROW, HORACE        |                                 |
| STREET ADDRESS | 395 TUSKAWILLA RD       |                                 |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708 |                                 |
| TITLE          | VD                      | <input type="checkbox"/> Delete |
| NAME           | PAFFORD, AL             |                                 |
| STREET ADDRESS | 1006 LEEDS CT           |                                 |
| CITY-ST-ZIP    | WINTER GARDEN FL        |                                 |
| TITLE          | TD                      | <input type="checkbox"/> Delete |
| NAME           | MOORE, LAURIE           |                                 |
| STREET ADDRESS | 1249 NATURES WAY        |                                 |
| CITY-ST-ZIP    | WINTER SPRINGS FL 32708 |                                 |
| TITLE          | SD                      | <input type="checkbox"/> Delete |
| NAME           | PERRIN, BILL            |                                 |
| STREET ADDRESS | 1518 EIF STONE COURT    |                                 |
| CITY-ST-ZIP    | CASSELBERRY FL          |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | PD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Philip C. Waisanen       |  |
| STREET ADDRESS | 1093 Clinging Vine Place |  |
| CITY-ST-ZIP    | Winter Springs, FL 32708 |  |
| TITLE          | TD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Mark Cecere              |  |
| STREET ADDRESS | 1004 Sapling Drive       |  |
| CITY-ST-ZIP    | Winter Springs, FL 32708 |  |
| TITLE          | C                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ray Bennett              |  |
| STREET ADDRESS | 621 Camelia Court        |  |
| CITY-ST-ZIP    | Sanford, FL 32773        |  |
| 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:

*Philip C. Waisanen*

4/18/01 (407)695-7494

CR2E037 (10/00)