


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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90375 023 \*\*\*\*61.25

**DOCUMENT # 760056**  
1. Entity Name  
**LORD OF LIFE CHURCH OF GOD OF WINTER SPRINGS, IN C.**



Principal Place of Business  
**LORD OF LIFE  
395 TUSKAWILLA RD  
WINTER SPRINGS FL 32708**

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **59-2159754**  
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**  
**WAISANEN, PHILIP C  
1093 CLINGING VINE PL  
WINTER SPRINGS FL 32708**

**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 *Philip C. Waisanen*  
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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	WAISANEN, PHILIP C	
STREET ADDRESS	1093 CLINGING VINE PLACE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CECERE, MARK	
STREET ADDRESS	1004 SAPLING DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BACHMAN, CHUCK	
STREET ADDRESS	328 CASA GRANDE COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, JERRY	
STREET ADDRESS	229 ANTLER COURT	
CITY-ST-ZIP	CASSELBERRY FL 32708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WAGGNER, SCOTT	
STREET ADDRESS	208 S SANFORD AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Bennett, Richard	
STREET ADDRESS	3293 Clewiston St.	
CITY-ST-ZIP	Deltona, Fl. 32738	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waisanen, Scott	
STREET ADDRESS		
CITY-ST-ZIP	Lake Mary, Fl.	
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* **REQUIRED**

4/29/03 (407)365-6363

CR2E037 (10/02)