

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90497 001 \*\*\*\*61.25

**DOCUMENT # N00000004876**

1. Entity Name  
**IRIS MINISTRIES, INC.**

Principal Place of Business <b>3238 WHOOPING CRANE RUN KISSIMMEE FL 34741</b>	Mailing Address <b>P.O. BOX 452414 KISSIMMEE FL 34745-2414</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3636041</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BANHAM, LESZ</b> <b>3238 WHOOPING CRANE RUN</b> <b>KISSIMMEE FL 34741</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BANHAM, LESZ</b>			NAME			
STREET ADDRESS	<b>3238 WHOOPING CRANE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>			CITY-ST-ZIP			
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PIZARRO, CARLOS</b>			NAME			
STREET ADDRESS	<b>1435 UP BLISS, DILIMAN, QUEEN CITY</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PIHILIPINES</b>			CITY-ST-ZIP			
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZEPHANI, REEVES</b>			NAME			
STREET ADDRESS	<b>11 1 BANGALAWATTE, MOBOLE, WATTALA</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SRI LANKA</b>			CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BELOSO, ISMAEL A JR.</b>			NAME			
STREET ADDRESS	<b>2509 OAK RUN BLVD.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>KISSIMME FL 34744</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(l), 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:** *Lesz Banham* **5/1/02** **407 566 5717**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)