

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90114 009 ****61.25

DOCUMENT # N43483

1. Entity Name
LOVE OF CHRIST MINISTRIES, INC.

Principal Place of Business Mailing Address
7519 FOREST CITY RD **7519 FOREST CITY RD**
ORLANDO FL 32810 **ORLANDO FL 32810**
US **US**

761792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7519 Forest City Road **7519 Forest City Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando, Florida **Orlando, Florida**
 Zip Country Zip Country
32810 **Orange** **32810** **Orange**

4. FEI Number Applied For
59-3092197 Not Applicable

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

MCCAMBRIDGE, AGATHA 4387 REAL CT ORLANDO FL 32808	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	FL	

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 _____

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	DP MCCAMBRIDGE, AGATHA H 3978 VERSAILLES DR ORLANDO FL 32808	TITLE	DP McCCambridge Agatha H 4387 Real Court Orlando, Florida 32808
NAME	MCCAMBRIDGE, HAROLD	NAME	McCCambridge Harold
STREET ADDRESS	3978 VERSAILLES DR	STREET ADDRESS	4387 Real Court
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Orlando, Florida 32808
TITLE	D CALEB, BENICT	TITLE	Caleb Benidict
NAME	4110 ROSE PEDAL LANE	NAME	705 Busbee Ave
STREET ADDRESS	ORLANDO FL 32808	STREET ADDRESS	Apopka Florida 32703
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BARTOS, GREGORY	TITLE	Beckett Bob
NAME	355 NANTIS LOOP	NAME	1601 Dauphin Lane
STREET ADDRESS	APOPKA FL	STREET ADDRESS	Orlando, Florida 32803
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SACHDEVA, PAUL	TITLE	
NAME	4209 ARBOR OAKS COURT	NAME	
STREET ADDRESS	ORLANDO FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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)(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: *SIGNATURE* 4/24/01 407-292-0899
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)