

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-29-2001 90004 006 ****61.25

DOCUMENT # N93000001018

1. Entity Name

ALPHA LIFE MINISTRIES, INC.



Principal Place of Business

119 S. WETMORE ST
 LAKE WALES FL 33853
 US

Mailing Address

119 SOUTH WESTMORE STREET
 LAKE WALES FL 33853
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3173203

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, BRENDA R
119 SOUTH WETMORE STREET
LAKE WALES FL 33853

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	LEE, BRENDA, R	
STREET ADDRESS	119 S. WETMORE ST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRAHAM, MARY	
STREET ADDRESS	PO BOX 1530	
CITY-ST-ZIP	ASBURY PARK NJ 07712	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERRING, KEVIN	
STREET ADDRESS	PO BOX 1530	
CITY-ST-ZIP	ASBURY PARK NJ 07712	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUNTER, JOHNNIE	
STREET ADDRESS	119 S WETMORE ST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: BRENDA R. LEE 6-20-01 863-676-3239

CR2E037 (10/00)