

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90162 015 \*\*\*\*61.25

**DOCUMENT # N93000001018**

1. Entity Name

**ALPHA LIFE MINISTRIES, INC.**

Principal Place of Business

Mailing Address

119 S. WETMORE ST  
 LAKE WALES FL 33853  
 US

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

Zip

Country

Zip

Country

4. FEI Number

**59-3173203**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**After September 13, 2002,**  
**min. will be \$236.25.**

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 checked="" type="checkbox"/> Delete |
| NAME           | GRAHAM, MARY         |  |
| STREET ADDRESS | PO BOX 1530          |  |
| CITY-ST-ZIP    | ASBURY PARK NJ 07712 |  |
| TITLE          | S                    | <input checked="" type="checkbox"/> Delete |
| NAME           | HERRING, KEVIN       |  |
| STREET ADDRESS | PO BOX 1530          |  |
| CITY-ST-ZIP    | ASBURY PARK NJ 07712 |  |
| TITLE          | T                    | <input checked="" 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            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | DRUSILLA COOK - UPD   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |  |
| STREET ADDRESS | 1150 POLK ST          |  |
| CITY-ST-ZIP    | BARTOW FLA. 33830     |  |
| TITLE          | S                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ralph Hawkins         |  |
| STREET ADDRESS | 321 OHIO ST           |  |
| CITY-ST-ZIP    | LAKE WALES FLA 33853  |  |
| TITLE          | T                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | FABIAN WASHINGTON     |  |
| STREET ADDRESS | PO BOX 1301           |  |
| CITY-ST-ZIP    | LAKE WALES FLA. 33853 |  |
| 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    |                       |  |

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 REQUIRED* 7-29-02

CR2E037 (4/02)