

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90013 005 \*\*\*\*70.00

**DOCUMENT # N99000003857**

1. Entity Name

**LIVING HIS LIFE ABUNDANTLY INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

709 S. BAYVIEW AVE.  
 CLEARWATER FL 33759

709 S. BAYVIEW AVE.  
 CLEARWATER FL 33759

2. Principal Place of Business

3. Mailing Address

325 Scarlet Blvd.

325 Scarlet Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oldsmar, FL

City & State

Oldsmar, FL

4. FEI Number

59-3581170

Applied For

Not Applicable

Zip

Country

34677

U.S.A.

Zip

Country

34677

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CLINE, HARRY S  
 625 COURT ST.,STE.200  
 CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Alfred W. Torrence, Jr.

Street Address (P.O. Box Number is Not Acceptable)

6645 Ridge Road

City

Port Richey

FL

Zip Code  
 34668

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

*Alfred W. Torrence, Jr.*  
 Signature, typed or printed name of registered agent and title if applicable.

ALFRED W. TORRENCE, JR.

(NOTE: Registered Agent signature required when reinstating)

4/18/02  
 DATE

**FEE 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENKOVIC, JOHNNETTE S	
STREET ADDRESS	2245 TONIWOOD LANE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BENKOVIC, ANTHONY J	
STREET ADDRESS	2245 TONIWOOD LANE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SYLVIA, REV. EDMUND J C.S.C.	
STREET ADDRESS	717 S. BAYVIEW AVE.	
CITY-ST-ZIP	CLEARWATER FL 33759	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M Scott Moore, C.P.A.	
STREET ADDRESS	1583 Bering Court	
CITY-ST-ZIP	Palm Harbor, FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Most Rev. Fabian Bruskewitz	
STREET ADDRESS	3400 Sheridan Blvd.,	
CITY-ST-ZIP	Lincoln, Nebraska 68506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Demetree, c/o Demetree Builders	
STREET ADDRESS	3348 Edgewater Drive	
CITY-ST-ZIP	Orlando, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert P. Lockwood	
STREET ADDRESS	1116 Berkley Manor Drive	
CITY-ST-ZIP	Cranberry Township, PA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Thomas	
STREET ADDRESS	1106 Shipwatch Circle	
CITY-ST-ZIP	Tampa, FL 33602	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Johnnette S. Benkovic*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Johnnette S. Benkovic 4/15/02  
 813-854-1518

CR2E037 (9/01)