

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90267 045 ****61.25

DOCUMENT # 758823

1. Entity Name

CHRIST IS LORD!, INC.

Principal Place of Business

Mailing Address

109 KNOLLCREST DR.
 P.O. BOX 915198 327915198
 LONGWOOD FL 32779

P.O. BOX 915198
 P.O. BOX 915198 327915198
 LONGWOOD FL 32791
 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

59-2151726

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

WERTHMAN, REV DR THOM
109 KNOLLCREST DRIVE
LONGWOOD FL 32779

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 Delete
 NAME **D**
COURSEY, CHARLES
 STREET ADDRESS **9251 BURDINE ST 335**
 CITY-ST-ZIP **HOUSTON TX 77096**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
WERTHMAN, MR DALE M
 STREET ADDRESS **109 KNOLLCREST DR.**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
PODELL, NORMA
 STREET ADDRESS **75 INDIAN COUNTRY**
 CITY-ST-ZIP **GOULDSBORO PA 18424**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
RATCLIFFE, ANNE
 STREET ADDRESS **4 GEORGE STREET RYDE**
 CITY-ST-ZIP **ISLE OF WIGHT EN**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
BAUER-JOHNSON, CLARE
 STREET ADDRESS **#5 NORMAN WAY**
 CITY-ST-ZIP **WOTTEN, I OF W. ENGLAND**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Dr. Thomas Werthman Pastor*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 407 7880110
 Date Daytime Phone #

CR2E037 (9/01)