

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761546

1. Entity Name

LIFECHANGERS INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

3940 NORTH HIGHWAY 441  
OCALA FL 32670

Mailing Address

4809 NE 97TH ST. RD  
ANTHONY FL 32617

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

59-2969432

Applied For

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

MUSLEH, E. G., P.A.  
415 N.W. FIRST AVENUE  
OCALA FL 32670

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<br>NAME  | PD<br>MCDONALD, DAN, REV. | <input type="checkbox"/> Delete |
| STREET ADDRESS | 4809 NE 97TH ROAD         |                                 |
| CITY-ST-ZIP    | ANTHONY FL 32617          |                                 |
| TITLE<br>NAME  | SD<br>MCDONALD, MARY      | <input type="checkbox"/> Delete |
| STREET ADDRESS | 4809 NE 97TH STREET ROAD  |                                 |
| CITY-ST-ZIP    | ANTHONY FL 32617          |                                 |
| TITLE<br>NAME  | VD<br>GLASS, DON          | <input type="checkbox"/> Delete |
| STREET ADDRESS | 4809 NE 97 STREET ROAD    |                                 |
| CITY-ST-ZIP    | ANTHONY FL 32617          |                                 |
| TITLE<br>NAME  | D<br>BLACKMON, KATHY D.   | <input type="checkbox"/> Delete |
| STREET ADDRESS | 4380 NE 25TH AVENUE       |                                 |
| CITY-ST-ZIP    | OCALA FL 34479            |                                 |
| TITLE<br>NAME  | D<br>GLASS, DANNA J.      | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3940 N. 441               |                                 |
| CITY-ST-ZIP    | OCALA FL 34475            |                                 |
| TITLE<br>NAME  | D<br>GLASS, MARLENE M.    | <input type="checkbox"/> Delete |
| STREET ADDRESS | 13870 NE 47TH AVENUE      |                                 |
| CITY-ST-ZIP    | SPARR FL 32192            |                                 |

|                |   |
|----------------|---|
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |   |
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| CITY-ST-ZIP    |   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 another like empowered.

SIGNATURE:

*Dan McDonald* JURE DAN/MCDONALD 3-26-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90921 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0060991

CR2E037 (9/01)