

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90319 003 \*\*\*\*70.00

**DOCUMENT # F02000002179**

1. Entity Name

**FUNDS FOR LIFE MINISTRIES, INC.**



Principal Place of Business

**106 A SE FIRST ST.  
MINERAL WELLS TX 76067**

Mailing Address

**2601 RIDGMAR PLAZA, STE. 10  
FORT WORTH TX 76116**

2. Principal Place of Business

**2601 Ridgmar Plaza**

3. Mailing Address

**2601 Ridgmar Plaza**

Suite, Apt. #, etc.

**Suite 10**

Suite, Apt. #, etc.

**Ste 10**

City & State

**Fort Worth, TX**

City & State

**Ft Worth, TX**

Zip

**76116**

Country

**USA**

Zip

**76116**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

**Locatm  
Mailing Address**

4. FEI Number **91-2141638**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GROVES, LLOYD  
31 REDBAY COURT WEST  
HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	LEVERETT, DON F	
STREET ADDRESS	1304 GOLD DUST LANE	
CITY-ST-ZIP	SAGINAW TX 76131	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	JOHNSON, JERRY L	
STREET ADDRESS	5304 LEDGESTONE DR.	
CITY-ST-ZIP	FORT WORTH TX 76132	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BERRY, BILL	
STREET ADDRESS	1801 NW 5TH AVE.	
CITY-ST-ZIP	MINERAL WELLS TX 76067	
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	<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	
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	
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:

**REQUIRED**

**01-20-03 817-731-7898**

CR2E037 (10/02)