

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90058 022 \*\*\*\*61.25

DOCUMENT # *N 01000001547*

1. Entity Name

*Life on the Horizon International Ministries, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*8617 E Colonial Drive*

Suite, Apt. #, etc.

*Suite 1100*

City & State

*Orlando FL*

Zip

*32817*

Country

*USA*

3. Mailing Address

*P.O. Box 160621*

Suite, Apt. #, etc.

City & State

*Altamonte Springs FL*

Zip

*32716*

Country

*USA*

4. FEI Number

*59-3708657*

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Tyranny Pope*

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

*5539 Canteen Court*

City *Orlando, FL*

**FL**

Zip Code  
*32765*

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

*Tyranny Pope, Pastor*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Chairman of the Board (C)  
Shelrick Nelson - D  
2603 Waitland Crossing Way #10004  
Orlando, FL 32810*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President of the Board (P)  
Tyranny Pope - D  
5539 Canteen Court  
Orlando, FL*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Vice President of the Board (V)  
JoAnna Pope - D  
5539 Canteen Court  
Orlando, FL*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Secretary of the Board (S)  
Shonna Nelson - D  
2603 Waitland Crossing Way #10004  
Orlando, FL 32810*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Shonna Nelson Shonna Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/12/02 (407) 974-1063*

Date

Daytime Phone #

CR2E037B (12/01)