

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001577

FILED
Jul 08, 2004
Secretary of State**Entity Name:** LIFE ON THE HORIZON INTERNATIONAL MINISTRIES, INC.**Current Principal Place of Business:**8617 E COLONIAL DRIVE
SUITE 1100
ORLANDO, FL 32817 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 160621
ALTAMONTE SPRINGS, FL 32716 US**New Mailing Address:****FEI Number:** 59-3708657**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POPE, TYRANNY
5539 CANTEEN COURT
OVIEDO, FL 32765**Name and Address of New Registered Agent:**POPE, TYRANNY
796 MILLS ESTATE PLACE
CHULUOTA, FL 32766

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

07/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: NELSON, SHELICK
Address: 2303 SHADOW VIEW CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: PD () Delete
Name: POPE, TYRANNY
Address: 5539 CANTEEN COURT
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: POPE, JOANNA
Address: 5539 CANTEEN COURT
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: NELSON, SHONNA
Address: 2303 SHADOW VIEW CIRCLE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: NELSON, SHELICK
Address: 796 MILLS ESTATE PLACE
City-St-Zip: CHULUOTA, FL 32766

Title: PD (X) Change () Addition
Name: POPE, TYRANNY
Address: 796 MILLS ESTATE PLACE
City-St-Zip: CHULUOTA, FL 32766

Title: VPD (X) Change () Addition
Name: POPE, JOANNA
Address: 796 MILLS ESTATE PLACE
City-St-Zip: CHULUOTA, FL 32766

Title: SD (X) Change () Addition
Name: NELSON, SHONNA
Address: 796 MILLS ESTATE PLACE
City-St-Zip: CHULUOTA, FL 32766

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHONNA NELSON

SD

07/08/2004

Electronic Signature of Signing Officer or Director

Date