

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001577

FILED
Sep 10, 2003
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:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: NELSON, SHELICK
Address: 2603 MAITLAND CROSSING WAY #10204
City-St-Zip: ORLANDO, FL 32810

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: 2603 MAITLAND CROSSING WAY #10204
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: TYRANNY POPE

PD

09/10/2003

Electronic Signature of Signing Officer or Director

Date