

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

**02403**

DOCUMENT # NO 1000005870  
1. Entity Name  
WORLD LIFE LINE MINISTRIES, INC.

FILED  
03 APR 15 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5504 ALHAMBRA DR.  
Suite, Apt. #, etc.

3. Mailing Address  
5504 ALHAMBRA DR.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ORLANDO, FLORIDA

City & State  
ORLANDO, FLORIDA

Zip  
32808

Country  
U.S.A.

Zip  
32808

Country  
U.S.A.

4. FEI Number  
37-1435980

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
DR. RILEY H. NELSON

Street Address (P.O. Box Number is Not Acceptable)  
5504 ALHAMBRA DRIVE

City  
ORLANDO,

City  
FL

Zip Code  
32808

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]*

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

DATE  
April 9/03

(NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT DR. RILEY H. NELSON 5504 ALHAMBRA DRIVE ORLANDO, FL. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-DIRECTOR MR. OM CHAND 153 SOUTH OCEAN AVENUE DAYTONA BEACH, FL. 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MRS. MERLENE A. NELSON, R.N. 5504 ALHAMBRA DRIVE ORLANDO, FL. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PASTOR FREDRICK E. WHITE (RET.) 2452 CRICKETWOOD CT. APOPKA, FLORIDA 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MR. ORVIN CLAYTON, M.S., M.S.W. 112 LEON CT. FERN PARK, FL. 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	900016118069 04/16/03--01040--018 **183.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Lewis 4/10/03

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 persons employed.

SIGNATURE:  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
4/9/03 407-293-0027  
Date Daytime Phone #

CR2E037B (12/01)