

**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 11:58

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

4. FEI Number

37-1435980

Applied For

Not Applicable

Zip
32808

Country
U.S.A.

Zip
32808

Country
U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

ORLANDO,

City

FL

Zip Code

32808

**DO NOT WRITE
IN THIS SPACE**

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, 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	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	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Lewis 4/16/03

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/03 407-293-0027

CR2E037B (12/01)