

**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
Zip
32808
Country
U.S.A.

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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
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  DATE April 9/03
Signature, typed or printed name of registered agent and title if applicable. (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	
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	900016118069 04/16/03--01040--018 **183.75
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	DO NOT WRITE IN THIS SPACE
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	
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	
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:  4/9/03 407-293-0027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)