

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01000007665

1. Entity Name
LORD OF LIFE MINISTRIES, INC.



Principal Place of Business
**3043 CABLE DR.
HOLIDAY, FL 34691**

Mailing Address
**3043 CABLE DR.
HOLIDAY, FL 34691**



DO NOT WRITE IN THIS SPACE

03132005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3753621

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEPHENSON, JAMES REV.
3043 CABLE DR.
HOLIDAY, FL 34691**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEPHENSON, JAMES REV
STREET ADDRESS	3043 CABLE DR.
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	D
NAME	WOLFF, WILLIAM REV
STREET ADDRESS	3087 TARPON WOODS BLVD.
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	D
NAME	STEGGMAN, ROBERT REV
STREET ADDRESS	1721 NELDA LANE
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D
NAME	STEPHENSON, CHRISTINE
STREET ADDRESS	3043 CABLE DR.
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	D
NAME	LLOYD, JOHN REV
STREET ADDRESS	2810 COUNTRYSIDE BLVD., #1
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000369293
06/09/05-80003-011 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, 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 #