

8/15

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

08-15-2002 90049 046 ****61.25

DOCUMENT # N01000008338

1. Entity Name

TRUE LIFE MINISTRIES, INC.

Principal Place of Business

Mailing Address

1801 E OSBORNE AVE
TAMPA FL 336041801 E OSBORNE AVE
TAMPA FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 310654

Tampa, Florida

33680

Hillsborough

4. FEI Number

59-3757018

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, CALVIN
1801 E OSBORNE AVE
TAMPA FL 33604

Name

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

City

FL

Zip Code

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 re-appointing)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GREEN, CALVIN
 CITY-ST-ZIP 4711 W WATERS AVE #1218
 TAMPA FL 33614

TITLE ☐ Change ☒ Addition
 NAME ANGELA M. GREEN
 STREET ADDRESS 4201 E 98th AVE.
 CITY-ST-ZIP TAMPA, FL. 33617

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GREEN, MADINE
 CITY-ST-ZIP 7517 N 40TH ST #N-205
 TAMPA FL 33604

TITLE ☒ Change ☐ Addition
 NAME CALVIN GREEN
 STREET ADDRESS 4201 E 98th AVE.
 CITY-ST-ZIP TAMPA, FL. 33617

TITLE ☒ Delete
 NAME D
 STREET ADDRESS GREEN, SHORLETTE
 CITY-ST-ZIP 1810 E 131 WAY #134
 TAMPA FL 33612

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)