


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/12

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90074 005 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000000775	
<b>1. Entity Name</b> WORD OF LIFE LUTHERAN CHURCH, INC.	

<b>Principal Place of Business</b> 12109 STEPPINGSTONE BOULEVARD TAMPA FL 33635 US	<b>Mailing Address</b> POST OFFICE BOX 278 OLDSMAR FL 34677 US
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<b>2. Principal Place of Business</b> 14200 CARLSON CIRCLE Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b> Tampa, FL	<b>City &amp; State</b>
<b>Zip</b> 33626	<b>Country</b> USA

<b>4. FEI Number</b> 73-1626046	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



☒ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b> LAFON, MARK 12006 MIDDLEBURY DRIVE TAMPA FL 33626
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<b>7. Name and Address of New Registered Agent</b> Name: CYNTHIA J. MUNRO Street Address (P.O. Box Number is Not Acceptable): 12507 MAVERICK CT. City: TAMPA FL Zip Code: 33626
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<b>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.</b> SIGNATURE: <i>Cynthia J. Munro</i> DATE: 3/10/03 <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input checked="" type="checkbox"/>
P LAFON, MARK 12006 MIDDLEBURY DRIVE TAMPA FL 33626	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
T MUNRO, CYNTHIA J 12507 MAVERICK COURT TAMPA FL 33626	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input checked="" type="checkbox"/>
S NESTER, KAREN 9041 DIXIANA VILLA CIRCLE TAMPA FL 33635	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE</b> <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input checked="" type="checkbox"/> <b>ADDITION</b> <input checked="" type="checkbox"/>
P, D KEN NESTER 9041 DIXIANA VILLA CIRCLE TAMPA, FL 33635	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input checked="" type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
T, D JAY OLIVER 10510 BRENTFORD DR. TAMPA, FL 33626	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CHANGE</b> <input type="checkbox"/> <b>ADDITION</b> <input type="checkbox"/>

<b>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.</b> SIGNATURE: <i>Cynthia J. Munro</i> DATE: 3/10/03 DAYTIME PHONE: 813-781-9113 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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CR2E037 (10/02)