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

FILED
May 27, 2003 8:00 am
Secretary of State

05-05-2003 90335 002 ****61.25

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DOCUMENT # N02000008786

1. Entity Name
LIFELINE MINISTRIES, INC.

Principal Place of Business	Mailing Address
4826 INDIALANTIC DRIVE ORLANDO FL 32808	4826 INDIALANTIC DRIVE ORLANDO FL 32808

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-3662170 — 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
LEWIS, ELLA 4826 INDIALANTIC DRIVE ORLANDO FL 32808	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 reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CEOD ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	LEWIS, ELLA	NAME	Green, Pamela
STREET ADDRESS	4826 INDIALANTIC DRIVE	STREET ADDRESS	5107 Indialantic Dr.
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	Orlando, Fl 32808
TITLE	D ☐ Delete	TITLE	☐ Change ☑ Addition
NAME	LEWIS, EUGENE SR.	NAME	Green, Nikita
STREET ADDRESS	4826 INDIALANTIC DRIVE	STREET ADDRESS	5107 Indialantic Dr.
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	Orlando, Fl 32808
TITLE	D ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	LEWIS-WHITTINGTON, VIRGINIA	NAME	Lewis, Eugene Jr.
STREET ADDRESS	6512 KRISTIN COURT	STREET ADDRESS	4611 Meadowbrook ave.
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	Orlando, Fla 32808
TITLE	D ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	WHITTINGTON, STACEY	NAME	Lewis, Michael
STREET ADDRESS	6512 KRISTIN COURT	STREET ADDRESS	4826 Indialantic Dr.
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	Orlando Fl 32808
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KING, PHYLLIS	NAME	
STREET ADDRESS	11015 NW 27TH PL	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KING, TOMMY	NAME	
STREET ADDRESS	11015 NW 27TH PL	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33322	CITY-ST-ZIP	

CR2E037 (10/02)

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: Ella Lewis REQUIRED Ella Lewis 5/1/03 407-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #