

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

0037281

DOCUMENT # N20421

1. Entity Name

ARMOUR OF GOD MINISTRIES, INC.

06-07-2001 90002 050 ****61.25

Principal Place of Business 3020 SW 61ST AVE DAVIE FL 33314 US	Mailing Address P O BOX 849147 PEMBROKE PINES FL 33084 US
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U U I C U I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address P.O. Box 26881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tamarac, FL	
Zip	Country	Zip	Country
33320	USA	33320	USA
4. FEI Number 65-0221122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LORING, REV. PHILIP KENNETH 1154 LAKEPOINTE LANE BLDG 14 PLANTATION FL 33322		7. Name and Address of New Registered Agent Name Loring, Rev. Philip Kenneth Street Address (P.O. Box Number is Not Acceptable) 9378 N.W. 49th Place City Sunrise FL Zip Code 33351	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS LORING, PHILIP KENNETH 1154 LAKEPOINTE LANE #14 PLANTATION FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Loring, Philip Kenneth 9378 N.W. 49th Place Sunrise, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT LORING, PHILIP C 7361 NW 35TH ST, #1E HOLLYWOOD FL <input checked="" type="checkbox"/> Delete <i>deletes</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANFORD, CHARLES DR. 520 GRENADE DR. FOREST PARK GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA FALCE, TONY 1701 N. 45TH AVE HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLO, LISA A 531 NE 134TH ST N MIAMI FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD Loring, Lisa A. 9378 N.W. 49th Place Sunrise, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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 empowers.

SIGNATURE: *Rev. Philip Kenneth Loring* **REOLR** *Rev. Philip Kenneth Loring* **5/31/01** (954) 593-1397 (954) 570-1598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #