

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

06-13-2002 90391 001 \*\*\*\*61.25  
 06-13-2002 90391 002 \*\*\*\*\*8.75

**DOCUMENT # N20421**

1. Entity Name  
**ARMOUR OF GOD MINISTRIES, INC.**

Principal Place of Business <b>3020 SW 61ST AVE                  DAVIE FL 33314                  US</b>	Mailing Address <b>P O BOX 26881                  TAMARAC FL 33320                  US</b>
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2. Principal Place of Business <b>8301 W. Commercial Bl.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tamarac, Florida</b>	City & State	4. FEI Number <b>65-0221122</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33351</b>	Country <b>U.S.</b>	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LORING, REV. PHILIP KENNETH  
 9378 NW 49TH PLACE  
 SUNRISE FL 33351**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LORING, PHILIP KENNETH 9378 NW 49TH PLACE SUNRISE FL 33351</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANFORD, CHARLES DR. 520 GRENADE DR. FOREST PARK GA.</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LA FALCE, TONY 1701 N. 45TH AVE HOLLYWOOD FL 33021</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTSD LORING, LISA A 9378 NW 49TH PLACE SUNRISE FL 33351</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>V/S/D LORING, LISA A 9378 NW 49TH PLACE SUNRISE FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>T GUY SPERDUTO 2004 NW 183RD TERRACE PEMBROKE PINES, FLORIDA 33029</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Philip Ken Loring* **Philip Ken Loring (P) 6/7/02** **Call (954) 593-1397**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CK#1842 + 1843.** **ministry:(954) 578-1598**  
 Date Daytime Phone #

CR2E037 (9/01)