

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

008011

DOCUMENT # **N20421**

1. Entity Name

**ARMOUR OF GOD MINISTRIES, INC.**



FILED

03 APR 29 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**8301 W COMMERCIAL BL.  
FORT LAUDERDALE FL 33351  
US**

Mailing Address  
**P O BOX 26881  
TAMARAC FL 33320  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0221122** Applied For  
 Not Applicable

Zip Country

Zip Country

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

**LORING, REV. PHILIP KENNETH  
9378 NW 49TH PLACE  
SUNRISE FL 33351**

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 \_\_\_\_\_ (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 **PD**  Delete  
NAME **LORING, PHILIP KENNETH**  
STREET ADDRESS **9378 NW 49TH PLACE**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D**  Change  Addition  
NAME **SHERYL SANFORD**  
STREET ADDRESS **520 GRANADE DRIVE**  
CITY-ST-ZIP **FOREST PARK, GA. 30297**

TITLE **D**  Delete  
NAME **SANFORD, CHARLES DR.**  
STREET ADDRESS **520 GRENADE DR.**  
CITY-ST-ZIP **FOREST PARK GA**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VSD**  Delete  
NAME **LORING, LISA A**  
STREET ADDRESS **9378 NW 49TH PLACE**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  Delete  
NAME **SPERDUTO, GUY**  
STREET ADDRESS **2004 NW 183RD TERRACE**  
CITY-ST-ZIP **HOLLYWOOD FL 33029**

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  
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: *Philip Kenneth Loring* **Rev. Philip Ken Loring (Pres.)** April 24, 2003 954.593.1397

CR2E037 (10/02)