

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N21854**

1. Entity Name

LORD OF LIFE MINISTRY, INC.

Principal Place of Business

1635 NEPTUNE RD
KISSIMMEE FL 34744
US

Mailing Address

1635 NEPTUNE RD
KISSIMMEE FL 34744
US

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

59-2929435

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

THACKER, JO O.
100 CHURCH ST
KISSIMMEE FL 34741

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEWIS, MILLER A	
STREET ADDRESS	1635 NEPTUNE RD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILLER, JOANNA P	
STREET ADDRESS	1635 NEPTUNE RD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRAVES, LINDLEY T., JR.	
STREET ADDRESS	16 EL PORTAL DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODWIN, MICHAEL J.	
STREET ADDRESS	P.O. BOX 264	
CITY-ST-ZIP	FESTUS MO 63028	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, LLOYD G.	
STREET ADDRESS	768 EVENTIDE DR	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JUDGE, BRYAN W.	
STREET ADDRESS	251 FOWLER BLVD.	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lewis A. Miller (Lewis A. Miller)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

407-933-0664

Daytime Phone #

0055269

CR2E037 (10/00)