

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

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90021 019 \*\*\*\*61.25

**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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**THACKER, JO O.  
100 CHURCH ST  
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **Miller, Lewis A.**

Street Address (P.O. Box Number is Not Acceptable)

**1635 Neptune Road**

City **Kissimmee**

FL

Zip Code **34744**

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 **Lewis A. Miller**  
*Lewis A. Miller*

**1/02/03**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Graves, Lindley T., Jr. 16 El Portal Drive Tequesta, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Miller, Joanna P. 1635 Neptune Road Kissimmee, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hansen, Lloyd G. 1150 SW Chapman Way #309 Palm City, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Popwell, Johnnie D. 6949 - 15th Ave. N St. Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richardson, Dennis 7335 SW 153rd Place Beaverton, OR 97007	<input type="checkbox"/> Change <input checked="" 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 **Joanna P. Miller, Secretary/Treas.**  
*Joanna P. Miller*

**1/02/03**

Date

Daytime Phone #

CR2E037 (10/02)