

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000402

1. Entity Name

LORD OF LIFE MISSION CHURCH, INC.

Principal Place of Business

3063 ENTERPRISE RD
STE 14
DEBARY FL 32753
US

Mailing Address

1109 CAMBRIDGE
DELTONA FL 32725
US

2. Principal Place of Business

600 Ft. Smith Blvd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 811
Suite, Apt. #, etc.

City & State

Deltona, FL.

City & State

OSTEEN, FL.

4. FEI Number

59-3228554

Applied For

Not Applicable

Zip

32738 25

Country

Volusia

Zip

32764

Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINEGAN, RENEE H.
1109 CAMBRIDGE
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name: Gerd Cochran
Street Address (P.O. Box Number is Not Acceptable):
404 Ft. Smith Blvd.

City

Deltona

FL

Zip Code

32725

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]

Signature, typed or printed name of registered agent and fee 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

TITLE	DBC	☐ Delete
NAME	GOINS, LINDA K	
STREET ADDRESS	2648 BECKWITH ST	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	DV	☒ Delete
NAME	OCOCHRAN, GERD	
STREET ADDRESS	404 FT. SMITH BLVD	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	DP	☒ Delete
NAME	FINEGAN, RENEE	
STREET ADDRESS	1109 CAMBRIDGE STREET	
CITY-ST-ZIP	DELTONA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President - DP	☒ Change ☐ Addition
NAME	Cochran, Gerd	
STREET ADDRESS	404 Ft Smith Blvd.	
CITY-ST-ZIP	Deltona, FL. 32725	
TITLE	VICE President DV	☐ Change ☒ Addition
NAME	Ronald Orange	
STREET ADDRESS	186 Polneiana Lane	
CITY-ST-ZIP	Deltona, FL. 32738	
TITLE	VICE President DV	☐ Change ☒ Addition
NAME	James Vaugh	
STREET ADDRESS	P.O. Box 6366	
CITY-ST-ZIP	Deltona, FL. 32725	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

[Signature]

Linda K. Goins, Treasurer 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-15-2001 90121 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR20037 (10/00)