

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90003 022 *****61.25

DOCUMENT # N93000000402

1. Entity Name

LORD OF LIFE MISSION CHURCH, INC.



Principal Place of Business

600 FORT SMITH BLVD
DELTONA FL 32725
US

Mailing Address

600 FORT SMITH BLVD
DELTONA FL 32725
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

59-3228554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOINS, LINDA K
2648 BECKWITH ST.
DELTONA FL 32-7385

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. DBC OFFICERS AND DIRECTORS

TITLE NAME GALES, LISA ☐ Delete
STREET ADDRESS 1044 WILMINGTON DR.
CITY-ST-ZIP DELTONA FL 32725
DP

TITLE NAME GOINS, LINDA K ☒ Delete
STREET ADDRESS 2648 BECKWITH ST.
CITY-ST-ZIP DELTONA FL 32738
DV

TITLE NAME MCGLASHING, TOM ☒ Delete
STREET ADDRESS 2317 S. VOLUSIA AVE., #60
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE NAME JAMES R. VOUGH ☐ Delete
STREET ADDRESS Po Box 6366
CITY-ST-ZIP Deltona, FL 32728

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

03-05 407-322-9484