

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

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90165 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

**P.O. BOX 811
OSTEEN FL 32764
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

600 Fort Smith Blvd.

Deltona, FL.

32725

US



☒ CHECK HERE IF MAKING CHANGES

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

**COCHRAN, GERD
404 FORT SMITH BLVD
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name

Linda K. Goins

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

2648 Beckwith St.

City

Deltona

FL

Zip Code

32738

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 **Linda K. Goins, President**

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

After September 10, 2003, min will be \$236.25

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 **DBC** ☐ Delete
NAME **GOINS, LINDA K**
STREET ADDRESS **2648 BECKWITH ST.**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **DP** ☐ Delete
NAME **OCOCHRAN, GERD**
STREET ADDRESS **404 FT. SMITH BLVD**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **DV** ☐ Delete
NAME **ORRANGE, RONALD**
STREET ADDRESS **186 POINCIANA LANE**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE **DV** ☒ Delete
NAME **VOUGH, JAMES**
STREET ADDRESS **P.O. BOX 6366**
CITY-ST-ZIP **DELTONA FL 32725**

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 **DBC** ☒ Change ☐ Addition
NAME **Lisa Gales**
STREET ADDRESS **1044 Wilimington Dr.**
CITY-ST-ZIP **Deltona, FL. 32725**

TITLE **DP** ☒ Change ☐ Addition
NAME **Linda K Goins**
STREET ADDRESS **2648 Beckwith St.**
CITY-ST-ZIP **Deltona, FL. 32738**

TITLE **DV** ☒ Change ☐ Addition
NAME **Tom McGlashing**
STREET ADDRESS **2317 S. Volusia Ave. # 60**
CITY-ST-ZIP **Orange City, FL. 32763**

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)(l), 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: **Linda K. Goins**

SIGNATURE REQUIRED

Date

Daytime Phone #

407-322-9484

CR2E037 (4/03)