

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001018

1. Entity Name

ALPHA LIFE MINISTRIES, INC.

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90138 024 \*\*\*\*61.25

Principal Place of Business

322 THORNHILL EST COURT  
WINTER HAVEN FL 33880  
US

Mailing Address

119 SOUTH WESTMORE STREET  
LAKE WALES FL 33853  
US

2. Principal Place of Business

119 S. Wetmore st

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLA

City & State

City & State

Zip

33853

Country

Polk

Zip

33853

Country

US

4. FEI Number

59-3173203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEE, BRENDA R  
119 SOUTH WETMORE STREET  
LAKE WALES FL 33853

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.

SIGNATURE *Brenda R. Lee* BRENDA R. LEE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-12-00

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 PD  
NAME LEE, BRENDA, R  
STREET ADDRESS 119 S. WETMORE ST  
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

TITLE VPD  
NAME GRAHAM, MARY  
STREET ADDRESS PO BOX 1530  
CITY-ST-ZIP ASBURY PARK NJ 07712 ☐ Delete

TITLE S  
NAME HERRING, KEVIN  
STREET ADDRESS PO BOX 1530  
CITY-ST-ZIP ASBURY PARK NJ 07712 ☐ Delete

TITLE T  
NAME HUNTER, JOHNNIE  
STREET ADDRESS 119 S WETMORE ST  
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Brenda R. Lee* BRENDA R. LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-676-3239