

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002371

1. Entity Name

CHRISTIAN LIFE MINISTRIES OF ORLANDO, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 90723 007 ****61.25

Principal Place of Business

1133 38TH STREET
ORLANDO FL 32805
US

Mailing Address

P.O. BOX 560966
ORLANDO FL 32856-0966
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARMAN, BRUCE E
1112 CORETTA WAY
ORLANDO FL 32805

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JARMAN, BRUCE E
STREET ADDRESS 1133 38TH STREET
CITY-ST-ZIP ORLANDO FL 32805

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

TITLE D ☐ Delete
NAME JARMAN, MADELINE M
STREET ADDRESS 1133 38TH STREET
CITY-ST-ZIP ORLANDO FL 32805

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

TITLE D ☐ Delete
NAME LEWIS, CHARLIE S
STREET ADDRESS P.O. BOX 1131
CITY-ST-ZIP CLARCONA FL 32710-1131

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

TITLE D ☐ Delete
NAME BROWN-LEWIS, BESSIE R
STREET ADDRESS P.O. BOX 1131
CITY-ST-ZIP CLARCONA FL 32710-1131

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

TITLE CSD ☐ Delete
NAME JOHNSON, STEPHANIE
STREET ADDRESS 957 CANDLE BERRY RD.
CITY-ST-ZIP ORLANDO FL 32825-6322

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

TITLE ☐ Delete
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Bruce E. Jarman Bruce E. Jarman 5-6-02 (407) 425-0465

CR2E037 (9/01)