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

DOCUMENT # N9300004542

1. Entity Name

LIVING FAITH MINISTRY, INC.



FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90134 029 ****61.25

i					WE ILE						
Principal Place of Business 111 WALDO ST GROVELAND FL 34736 US		POB	Mailing Address P O BOX 152 GROVELAND FL 34736 US			 	120 14111 12 111 20 141 12 111	30 (4) 00)() 1103(1 1211 1 111	:0 1181 1081	
2. Principal F	Place of Business	3. Ma	iling Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State			, , - , 5 ,	4. FEI Number 65-0409152			Applied For Not Applicable		
Zip Country		Zip		Country		5. Certificate of St	atus Desired [\$8.75 Fee Re	5 Add	itional	1
6. Name and Address of Current R			gistered Agent			7. Name and Address of New Registered Agent					┥
	Significant Control of Control	it riogiste,	ou Agoin	Nan	ne	7. Name and Add	ress or new negra	stered Agent			1
RODRIGUEZ, ESTHER 2712 SEMINOLE TR			Street Address			(P.O. Box Number is Not Acceptable)					-
	RG FL 34748										1
					1	FL			Zip Code		
the obligat	e named entity submits this statement tions of registered agent.	for the purp	oose of changing its	registered offic	ce or registe	red agent, or both, in	the State of Florida	I am familiar	with, a	and accept	1
SIGNATÜRE	Signature, typed or printed name of registered ager	nt and title if ap	plicable. (NOTE	: Registered Agent s	signature required	d when reinstating)		DATE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		Check Paya Department			7
10	OFFICERS AND D	UDCOTODO				ADDITIONO (OLIANO)	-0.70.05500.4	ND DIDEOTO	DO 151	40	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, BENITO 2712 SEMINOLE TR LEESBURG FL 34748	IRECTORS	☐ Delete	11. TITLE NAME STREET ADDRI		ADDITIONS/CHANGE	ES TO OFFICERS F	□ Ch		Addition	E037 (10/02)
TITLE NAME	STD RODRIGUEZ, ESTHER 2712 SEMINOLE TR LEESBURG FL 34748		☐ Delete	TITLE NAME STREET ADDRE	ESS			☐ Ch	ange	☐ Addition	CROE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOVER, MICHAEL 111 WALDO ST GROVELAND FL 34736		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			☐ Chá	ange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			_ Delete	NAME STREET ADORE CITY-ST-ZIP				Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete	TITLE NAME STREET ADDRE	ESS			☐ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP				☐ Cha	ange	☐ Addition	
12 Ingrahu (eartify that the information cumplind wit	rn thia filina	good not gualify for	ena avamatica	stated in Ca	otion 110 07/3\/:\ Elo	ALLE CARL LAND Land		41 14		

12. Thereby certify that the information supplied with this filling 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:

<u> 3- 3- 63</u>

352-323-1946