

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005493 (2)

1. Corporation Name

LION'S ROAR MINISTRIES, INC.



Principal Place of Business	Mailing Address
301 N TUBB ST., STE A OAKLAND FL 34760 US	P.O. BOX 751 OAKLAND FL 34760

3. Date Incorporated or Qualified

12/07/1993

4. FEI Number

59-3213754

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 608 Oakland Ave.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Oakland, FL	28
Zip	Country
24 34760	25
Country	Zip
29	30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☒

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRALAND, DAVID
1015 GLENSPRING AVE.
WINTER GARDEN FL 34787

81 Name

Steve Alderman

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

7211 Seamans Bluff

83

84 City

Orlando,

FL

85 Zip Code

32835

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-3-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	V/D
NAME	VAN WAGNER, RICK	1.2 NAME	Braland, Darryl
STREET ADDRESS	805 FORESTWOOD DR	1.3 STREET ADDRESS	550 S. Bluford Ave.
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	Ocoee, FL 34761
TITLE	VD	2.1 TITLE	S/D
NAME	PHILIPS, JEFF	2.2 NAME	Kirkland Allen
STREET ADDRESS	1702 CHILEAH LN	2.3 STREET ADDRESS	7353 Radiant Circle
CITY-ST-ZIP	WINTER PARK FL 32792	2.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	ST	3.1 TITLE	T/D
NAME	YAUN, RAD	3.2 NAME	Steve Alderman
STREET ADDRESS	805 FORESTWOOD DR	3.3 STREET ADDRESS	7211 Seamans Bluff
CITY-ST-ZIP	CLERMONT FL 34711	3.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	PD	4.1 TITLE	P/D
NAME	BRALAND, DAVID	4.2 NAME	David Antommarchi
STREET ADDRESS	1015 GLENSPRINGS AVE	4.3 STREET ADDRESS	1390 Springridge Circle
CITY-ST-ZIP	WINTER GARDEN FL	4.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Jerry Weaver
STREET ADDRESS		5.3 STREET ADDRESS	34325 Quail Nest Ct.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Bill Byrd
STREET ADDRESS		6.3 STREET ADDRESS	14545 Potanow Trail
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32837

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steve Alderman

Steve Alderman

7-3-98

Date

Daytime Phone #

407-298-5762

CR2E037 (5/98)