

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005493**

1. Corporation Name

**LION'S ROAR MINISTRIES, INC.**

Principal Place of Business

608 OAKLAND AVENUE  
OAKLAND FL 34760  
US

Mailing Address

P.O. BOX 751  
OAKLAND FL 34760

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90167 012 \*\*\*\*61.25

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2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

27. City & State

**23** Zip

28. Zip

Country

Country

3. Date Incorporated or Qualified

**12/07/1993**

4. FEI Number  
**59-3213754**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees  
Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALDERMAN, STEVE  
7211 SEAMANS BLUFF  
ORLANDO FL 32835**

81. Name

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

83.

84. City

**FL** 85. Zip Code

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

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

(NO FE Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALAND, DARRYL		1.2 NAME	
STREET ADDRESS	550 S BLUFORD AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL 34761		1.4 CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, ALLEN		2.2 NAME	
STREET ADDRESS	7353 RADIANT CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810		2.4 CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, STEVE		3.2 NAME	
STREET ADDRESS	7211 SEAMANS BLUFF		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835		3.4. CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOMMARCHI, DAVID		4.2 NAME	
STREET ADDRESS	1390 SPRINGRIDGE CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, JERRY		5.2 NAME	
STREET ADDRESS	34325 QUAIL NEST CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32335		5.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, BILL		6.2 NAME	
STREET ADDRESS	14545 POTANOW TRL		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Steve Alderman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

407-656-4276

Daytime Phone #

CR2E037 (11198)

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