

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005493

Entity Name

LION'S ROAR MINISTRIES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90093 050 ****61.25

Principal Place of Business

Mailing Address

608 OAKLAND AVENUE
 OAKLAND FL 34760
 US

P.O. BOX 751
 OAKLAND FL 34760-0751

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

59-3213754

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

ALDERMAN, STEVE
 7211 SEAMANS BLUFF
 ORLANDO FL 32835

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	VD	<input type="checkbox"/> Delete
NAME	BRALAND, DARRYL	
STREET ADDRESS	550 S BLUFORD AVENUE	
CITY-ST-ZIP	OCFEE FL 34761	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIRKLAND, ALLEN	
STREET ADDRESS	7353 RADIANT CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALDERMAN, STEVE	
STREET ADDRESS	7211 SEAMANS BLUFF	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ANTOMMARCHI, DAVID	
STREET ADDRESS	1390 SPRINGRIDGE CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, JERRY	
STREET ADDRESS	34325 QUAIL NEST CT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYRD, BILL	
STREET ADDRESS	14545 POTANOW TRL	
CITY-ST-ZIP	ORLANDO FL 32837	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steve Alderman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE
 ALDERMAN

Date

Daytime Phone #

4-18-2000 407-656-4276