## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9300005493

## LION'S ROAR VISION MINISTRIES INTERNATIONAL, INC

Principal Place of Business 608 OAKLAND AVENUE

Mailing Address

P.O. BOX 751 OAKLAND FL 34760

US		CARLAND FE 34/00			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
	Name and Address of Cu	rrent Registered Agent			

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90011 021 \*\*\*\*61.25



City & State  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  ALDERMAN, STEVE 7211 SEAMANS BILUFF ORLANDO FL 32835  City CLER Mont T FL  9. The above named entity systemats this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  TITLE SD KIRKLAND, ALLEN STREET ADDRESS COTY-57-2P  TITLE NOW: FEE IS \$61.25  Delete  KIRKLAND, ALLEN STREET ADDRESS COTY-57-2P  ORLANDO FL 32835  CITY ST-2P  ORLANDO FL 32835	2. Principal P	Place of Business	3. Mailing Address	ailing Address					
Zip Country Zip Country 5-3213754  Zip Country 5- Country 5- Country 5- Country 5- Certificate of Status Desired 5- Sec. 5- Sec. 6- Se	Suite, Apt. #, etc. S		Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
ALDERMAN, STEVE 7211 SEAMANS BLUFF ORLANDO FL 32835  6. The above named entity systemits this statement for the curpose of changing its registered agent of the company of	City & Stat	te	City & State	ty & State		hu-321375/I			
6. Name and Address of Current Registered Agent  Name  ALDERMAN, STEVE 7211 SEAMANS BLUFF ORLANDO FI, 32835  8. The above named entity opposits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE	Zip	Country	Zip	Country		\$9.75 Additional			
ALDERMAN, STEVE 7211 SEAMANS BLUFF ORLANDO FL 32835  B. The above named entity septrates this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE    Signature		6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Addr				
City CLERMONT FL  8. The above named entity septimits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  SIGNATURE    SIGNATURE				Name	71 Hullo dila raga	cos of new registered Agent	·-		
SIGNATURE    Signature   Signa	7211 SEA	MANS BLUFF		Street Address (P.O. Box Number is Not Acceptable)  143.17 PENS SUE  City CLERMONT FL Zip Code 3471/					
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECT RAME  STREET ADDRESS ORLANDO FL 32810  TITLE NAME ALDERMAN, STEVE 7211 SEAMANS BLUFF ORLANDO FL 32835  TITLE D ALDERMAN, STEVE 7211 SEAMANS BLUFF ORLANDO FL 32835  CITY-ST-2IP  ORLANDO FL 32835  ORLANDO FL 32835  CITY-ST-2IP  ORLANDO FL 32835  CITY-ST-2IP  ORLANDO FL 32835  ORL	8. The above	named entity sopmits this statement for	or the purpose of changing its		<del> </del>	he state of Florida.	7//		
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees Department of Trust Fund Contribution.   10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECT TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECT TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECT OFFICERS AND DIRECT TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	SIGNATURE .	Signature Manager of printed name of registered agent	and title if applicable. (NO)	TE: Registered Agent signature	required when reinstating)	4-24-8Z			
TITLE  MAME  MAME  STREET ADDRESS  CITY-ST-ZIP  ORLANDO FL 32810  TITLE  MAME  ALDERMAN, STEVE  TORLANDO FL 32835  ORLANDO FL 32835  ORLAN	FILE NOW: FEE IS \$61.25		1	9. Election Campaign Financing		Make Check Payabl Department of Sta			
TITLE NAME KIRKLAND, ALLEN TASS RADIANT CIRCLE CITY-ST-ZIP ORLANDO FL 32810  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835  CITY-ST-ZIP  TITLE D ALDERMAN, STEVE TABLE TO NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835  CITY-ST-ZIP  TITLE D GARBER, JAN DR GOB W OAKLAND AVE OAKLAND FL 34760  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE  TITLE  DELET TITLE  DELET TITLE  DELET TITLE  DELET TITLE  TIT	10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	IN 10		
NAME STREET ADDRESS CITY-ST-ZIP TITLE D GARBER, JAN DR 608 W OAKLAND AVE CITY-ST-ZIP TITLE D BRALAND, DAVID D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELET DELET DELET TITLE DELET TITLE DELET DELET TITLE DELET TITLE DELET DELET TITLE DELET	NAME STREET ADDRESS	SD KIRKLAND, ALLEN 7353 RADIANT CIRCLE	<u> </u>	TITLE NAME STREET ADDRESS	****	Change			
MAME NAME STREET ADDRESS CITY-ST-ZIP OAKLAND FL 34760  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE	NAME STREET ADDRESS	ALDERMAN, STEVE 7211 SEAMANS BLUFF ORLANDO FL 32835	☐ Delete			CONE TRAIL  FL 3471/			
BRALAND, DAVID D STREET ADDRESS CITY-ST-ZIP WINTER GARDEN FL 34787  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete	NAME Street address	GARBER, JAN DR 608 W OAKLAND AVE	☐ Delete	NAME		Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	name Street address	BRALAND, DAVID D 221 S BOYD ST	☐ Delete	NAME STREET ADDRESS	= =====================================	☐ Change	☐ Addition		
□ 500t0	NAME Street address		☐ Delete	NAME STREET ADDRESS		☐ Change	☐ Addition		
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS		☐ Change	Addition		

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:** 

OFFICER OR DIRECTOR

4-24-02 407-656-4276