

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

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90150 015 \*\*\*\*61.25

**DOCUMENT # N93000005493**

1. Entity Name

**LION'S ROAR VISION MINISTRIES INTERNATIONAL, INC**



Principal Place of Business

**608 OAKLAND AVENUE  
OAKLAND FL 34760  
US**

Mailing Address

**P.O. BOX 751  
OAKLAND FL 34760**

**60013936**

2. Principal Place of Business

Suite, Apt. #, etc.  
**1130-B E. Plant St.**

3. Mailing Address

*Same as above*

Suite, Apt. #, etc.

City & State

**Winter Garden, FL**

City & State

Zip

**34781**

Country

**Orange**

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

**ALDERMAN, STEVE  
14317 PINE CONE TRAIL  
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **David D. Braland**

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

**1043 mesa Verde Ct**

**Clermont**

City

**FL**

Zip Code

**34711**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIRKLAND, ALLEN</b> <b>7353 RADIANT CIRCLE</b> <b>ORLANDO FL 32810</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALDERMAN, STEVE</b> <b>14317 PINE CONE TRAIL</b> <b>CLERMONT FL 34711</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARBER, JAN DR</b> <b>14329 PINE CONE TRAIL</b> <b>CLERMONT FL 34711</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRALAND, DAVID D</b> <b>221 S BOYD ST 1043 mesa Verde Court</b> <b>WINTER GARDEN FL 34787 Clermont, FL 34711</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> <b>Braland, Judy</b> <b>1043 mesa Verde Court</b> <b>Clermont, FL 34711</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D</b> <b>Buker, Diane</b> <b>7790 Siw 127th St</b> <b>Miami, FL 33156-6042</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D</b> <b>Nebby Gomez</b> <b>2032 Aruba Court</b> <b>Kissimmee, FL 34741-3080</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*David D. Braland*

**2-4-03 407832 2061**

CR2E037 (10/02)