


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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90247 033 \*\*\*\*61.25

0020479

<b>DOCUMENT # N94000004154</b>		
1. Entity Name <b>LIFE LIKE MINISTRIES, INC.</b>		

Principal Place of Business <b>18932 NW 42 CT MIAMI FL 33055 US</b>	Mailing Address <b>18932 NW 42 CT MIAMI FL 33055 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0521068</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WYNN, ROBERT L 171 N.W. 37TH STREET MIAMI FL 33127</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANCH, WILLIE W</b>	NAME	
STREET ADDRESS	<b>18932 N.W. 42ND CURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	CITY-ST-ZIP	
TITLE	<b>DEO</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANCH, CATHERINE J</b>	NAME	
STREET ADDRESS	<b>18932 N.W. 42ND CURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKERSON, HERBERT</b>	NAME	
STREET ADDRESS	<b>3935 N.W. 193 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARMICLE, MECHELLE</b>	NAME	
STREET ADDRESS	<b>3935 N.W. 193 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOHONE, KAREN</b>	NAME	
STREET ADDRESS	<b>7010 NW 188 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKERSON, ROBIN</b>	NAME	
STREET ADDRESS	<b>3935 N.W. 193 STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	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:** *Catherine Branch* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)