2001 UNIFORM BUSINESS REPORT (UBR) May 05, 2001 8:00 am Secretary of State DOCUMENT # N9400005518 LIFE LINE DELIVERANCE AND OUTREACH MINISTRY, INC 05-05-2001 90338 001 \*\*\*\*\*8.75 05-05-2001 90338 002 \*\*\*\*61.25 Principal Place of Business Mailing Address 6239 EDGEWATER DRIVE P O BOX 160783 4 4 4 4 4 4 STE 9E STE. 115 ORLANDO FL 32810 ALTAMONTE SPRINGS FL 32716-078 2. Principal Place of Business 3. Mailing Address 6250 Edgewater Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 59-3301057 Not Applicable Zip Courtry \$8.75 Additional 5. Certificate of Status Desired cange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KELLY, GLEN 4954 LESCOT LANE ORLANDO FL 32811 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 gent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register Make Check Payable to 9. Election Campaign Financia FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE KELLY, DAPHEN NAME NAME STREE ADDRESS STREET ADDRESS 642 PARKWOOD AVE. CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-T-ZIP ☐ Change ☐ Addition TITLE Delete TITLE KELLY, GLEN NAME NAME STREET ADDRESS 4954 LESCOT LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 Change ☐ Addition TITLE ☐ Delete TITLE DEHANEY, ROSETTA NAME NAME 1320 CROYLE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change Addition TITLE Delete TITLE POWELL. MERRICK **529 TEAKWOOD DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** Change TITLE Addition 🚺 Delete NAME (-NAME WILLIAMS, LASCEL STREET ADDRESS 1709 MERCY DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.