

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N97000000424****1. Entity Name**  
**LAYMEN FOR RELIGIOUS LIBERTY MINISTRIES, INC.****Principal Place of Business**  
218-B E. NEW YORK  
DELAND FL 32724  
**Mailing Address**  
C/O EDWARD M. LIVINGSTON, ESQ.  
P.O. BOX 1599  
WINTER PARK FL 32790**2. Principal Place of Business**  
218-B E. NEW YORK  
**3. Mailing Address**  
C/O EDWARD M. LIVINGSTON, ESQ.**Suite, Apt. #, etc.**  
**Suite, Apt. #, etc.**  
P.O. BOX 1599**City & State**  
DELAND FL  
**City & State**  
WINTER PARK FL**Zip**  
32724  
**Country**  
US  
**Zip**  
32790  
**Country**  
US**4. FEI Number**  
**Applied For**  
☒ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
LIVINGSTON EDWARD MESQ.  
628 ELLEN DR.  
WINTER PARK FL 32789  
US**7. Name and Address of New Registered Agent**  
**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** **04/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**  
**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	MOULD MARC A			<b>NAME</b>	MOULD MARC A		
<b>STREET ADDRESS</b>	1414 MCGREGOR RD.			<b>STREET ADDRESS</b>	1414 MCGREGOR RD.		
<b>CITY-ST-ZIP</b>	DELAND FL 32720			<b>CITY-ST-ZIP</b>	DELAND FL 32720		
<b>TITLE</b>	<b>DST</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	MOULD JASMIN J			<b>NAME</b>	MOULD JASMIN J		
<b>STREET ADDRESS</b>	1414 MCGREGOR RD.			<b>STREET ADDRESS</b>	1414 MCGREGOR RD.		
<b>CITY-ST-ZIP</b>	DELAND FL 32720			<b>CITY-ST-ZIP</b>	DELAND FL 32720		
<b>TITLE</b>	<b>D/P</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	MOULD DAVID E			<b>NAME</b>	MOULD DAVID E		
<b>STREET ADDRESS</b>	1414 MCGREGOR RD.			<b>STREET ADDRESS</b>	1414 MCGREGOR RD.		
<b>CITY-ST-ZIP</b>	DELAND FL 32720			<b>CITY-ST-ZIP</b>	DELAND FL 32720		
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 E. MOULD** **P** **04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)