

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001961

1. Entity Name

LOIS ROBERTS MINISTRIES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90098 011 ****61.25

Principal Place of Business

7808 GREEN RD
 LAKELAND FL 33810
 US

Mailing Address

7808 GREEN RD
 LAKELAND FL 33810-4857
 US

2. Principal Place of Business

522 Pine Ridge DR
 Suite, Apt. #, etc.

3. Mailing Address

522 Pine Ridge DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKEland FL

City & State

LAKEland, FL

4. FEI Number

59-3440923

Applied For

Not Applicable

Zip

33809

Country

POIK

Zip

33809

Country

POIK

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, LOIS
 7808 GREEN RD
 LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name: Roberts Lois
 Street Address (P.O. Box Number is Not Acceptable):
522 Pine Ridge DR
 City: LAKEland FL Zip Code: 33809

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

Lois Roberts

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
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, LOIS	
STREET ADDRESS	7808 GREEN RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCROGGINS, CLAIRECE	
STREET ADDRESS	486 NORTH PIN OAK PLACE SUITE 100	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, DAVID L	
STREET ADDRESS	5555 FIELDING LANE	
CITY-ST-ZIP	SARASOTA FL 34230	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Lois	
STREET ADDRESS	522 Pine Ridge DR.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCROGGINS, CLAIRECE	
STREET ADDRESS	207 W. SABLAI PALM PL	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Roberts
 1/16/2000

Date

Daytime Phone #

CR2E037 (9/99)