

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000001961
1. Entity Name
Lois Roberts Ministries, Inc.

FILED

03 MAR 24 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Lakeland, Florida
Suite, Apt. #, etc.
Lot 398

3. Mailing Address
4444 US 98 North
Suite, Apt. #, etc.

City & State
Lakeland, Florida

City & State
Lakeland, Florida

Zip
33809

Country
USA

02-03 Reinstatement
DO NOT WRITE IN THIS SPACE

4. FEI Number
593440923

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Lois Roberts

Street Address (P.O. Box Number is Not Accepted)
4444 US 98 North

City
Lakeland

State
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 x Lois Roberts Lois Roberts Feb 24, '03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President Lois Roberts 4444 US 98 North, Lot 398 Lakeland FL 33809</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President Clairece Scroggins 270 Needles Trail Longwood, FL 32779</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer David Roberts 5555 Fielding Lane Sarasota, FL 34230</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BRONSON KIBLER 121 Hanging Moss Dr Oviedo, FL 32765</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>02-03</u>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>[Signature]</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>[Signature]</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300016978219</u> <u>01/24/03--01083--031 **306.00</u>

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 on an attachment with an address, with all other like empowered.

SIGNATURE: x Lois Roberts