## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000002789

Entity Name: REAL LIFE MINISTRIES, INC.

FILED May 07, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7520 W. WATERS AVE SUITE 11 TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** P.O. BOX 260276 TAMPA, FL 33634 FEI Number: 59-3574508 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, ALAN F ESQ 1515 RINGLÍNG BOULEVARD, SUITE 900 SARASOTA, FL 34236 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BALLANTYNE, SCOT BALLANTYNE, SCOT Name: Name: 8314 ARCHWOOD CIRCLE Address: 9312 W. FLORA ST Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615 Title: VDS () Delete Title: (X) Change ( ) Addition BALLANTYNE, SUSAN Name: BALLANTYNE, SUSAN Name: Address: 8314 ARCHWOOD CIRCLE Address: 9312 W. FLORA ST City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615 Title: () Delete Title: () Change () Addition DEAN, JAMES Name: Name: 8907 WATERWAY DR Address: Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: Title: ( ) Delete Title: () Change () Addition LEWIS, ROBERT T Name: Name: Address: 8501 RED SETTER LANE Address: City-St-Zip: CHARLOTTE, NC 28227 City-St-Zip: Title: () Delete Title: () Change () Addition MAYS, CHRIS Name: Name: 345 MONTGOMERY CIRCLE Address: Address: City-St-Zip: STEPHENS CITY, VA 22655 City-St-Zip: Title: () Delete Title: () Change () Addition RIZZO. DEBBIE Name: Name: Address: 7930 BAY POINT DR. B36 Address: TAMPA, FL 33615 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOT BALLANTYNE PRES 05/07/2003