

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N99000005255*

1. Entity Name

*ETERNAL LIFE MINISTRIES, INC of TAMPA*

Principal Place of Business

Mailing Address

*3106 E. LAKE  
Tampa, FL 33610*

*6771-73*

*MADISON AV. TAMPA, FL. 33619*

2. Principal Place of Business

*6771-73*

3. Mailing Address

*3106 E. LAKE AV.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Tampa, FL*

*Tampa, FL*

Zip

Zip

*33610*

*33610*

Country

Country

*Hillsborough*

*Hillsborough*

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)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME *D Thomas Aikens*  
STREET ADDRESS *3106 E. LAKE AV.*  
CITY-ST-ZIP *TAMPA, FL. 33610*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME *D YVONNE J. Aikens*  
STREET ADDRESS *3106 E. LAKE AV.*  
CITY-ST-ZIP *TAMPA, FL. 33610*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME *D Nicole T. Aikens*  
STREET ADDRESS *3106 E. LAKE AV.*  
CITY-ST-ZIP *TAMPA, FL. 33610*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas Aikens* 5/3/11 813-232-8725

FILED

01 JUL 12 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)