

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90113 034 ****61.25

DOCUMENT # N99000005379

1. Entity Name

HOME LIFE MINISTRIES INTERNATIONAL, INCORPORATED

Principal Place of Business

Mailing Address

**1415 NW 9TH COURT
 HOMESTEAD FL 33030**

**1415 NW 9TH COURT
 HOMESTEAD FL 33030**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0942430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**O'BRIEN, STEVEN A
 1415 NW 9TH COURT
 HOMESTEAD FL 33030**

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	P	<input type="checkbox"/> Delete
NAME	O'BRIEN, STEVEN A	
STREET ADDRESS	1415 NW 9TH COURT	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	BOO	<input type="checkbox"/> Delete
NAME	STORES, RALF	
STREET ADDRESS	16275 SW 303RD STREET	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	ST	<input type="checkbox"/> Delete
NAME	O'BRIEN, ROBIN	
STREET ADDRESS	1415 NW 9TH CT	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPENCER, JOE	
STREET ADDRESS	28651 SW 164 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	LEEDY, DOUG, VICTORIA	
STREET ADDRESS	20 CINDY PLACE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	AC	<input type="checkbox"/> Delete
NAME	SPENCER, SANDRA	
STREET ADDRESS	28651 SW 164TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	

TITLE	BD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Brien, Adam	
STREET ADDRESS	PO Box 501053	
CITY-ST-ZIP	Marathon, FL 33050	
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

9/26/02 252485750

Date

Daytime Phone #

CR2E037 (9/01)