

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000005379

FILED  
Apr 28, 2003  
Secretary of State

**Entity Name:** HOME LIFE MINISTRIES INTERNATIONAL, INCORPORATED

**Current Principal Place of Business:**

28651 SW 164 AVENUE  
HOMESTEAD, FL 33033

**New Principal Place of Business:**

**Current Mailing Address:**

28651 SW 164 AVENUE  
HOMESTEAD, FL 33033

**New Mailing Address:**

**FEI Number:** 65-0942430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

O'BRIEN, STEVEN A  
28651 SW 164 AVENUE  
HOMESTEAD, FL 33033 US

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: STEVEN A. O'BRIEN

04/28/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: O'BRIEN, STEVEN A  
Address: 1415 NW 9TH COURT  
City-St-Zip: HOMESTEAD, FL 33030

Title: BODT ( ) Delete  
Name: STORES, RALF  
Address: 16275 SW 303RD STREET  
City-St-Zip: HOMESTEAD, FL 33033

Title: ST ( ) Delete  
Name: O'BRIEN, ROBIN  
Address: 1415 NW 9TH CT  
City-St-Zip: HOMESTEAD, FL 33030

Title: VPT ( ) Delete  
Name: SPENCER, JOE  
Address: 28651 SW 164 AVE  
City-St-Zip: HOMESTEAD, FL 33033

Title: BD ( ) Delete  
Name: O'BRIEN, ADAM  
Address: PO BOX 501053  
City-St-Zip: MARATHON, FL 33050

Title: AC ( ) Delete  
Name: SPENCER, SANDRA  
Address: 28651 SW 164TH AVE  
City-St-Zip: HOMESTEAD, FL 33033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: O'BRIEN, STEVEN A  
Address: P.O. BOX 126  
City-St-Zip: INDEPENDENCE, KY 41051

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: O'BRIEN, ROBIN  
Address: P.O. BOX 126  
City-St-Zip: INDEPENDENCE, KY 41051

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: STEVEN A. O'BRIEN

PD

04/28/2003

Electronic Signature of Signing Officer or Director

Date