

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006431

FILED
Sep 17, 2003
Secretary of State

Entity Name: THE LORD IS HERE, INC.

Current Principal Place of Business:

3600 S.W. 20TH AVENUE, #5
GAINESVILLE, FL 326074439

New Principal Place of Business:

3536 NW 8TH AVENUE
GAINESVILLE, FL 32605

Current Mailing Address:

P.O. BOX 12791
GAINESVILLE, FL 326040791

New Mailing Address:

FEI Number: 59-3606138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHERIDGE, ALBERT JR
3600 S.W. 20TH AVENUE, #5
GAINESVILLE, FL 326074439 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: ETHERIDGE, ALBERT
Address: 3600 SW 20TH AVE.
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: RODRIGUEZ, KENNETH
Address: 205 SE 16TH BLVD #88
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: KUHR, NORMA
Address: 403 NW 21ST DR
City-St-Zip: GAINESVILLE, FL 32605

Title: NA () Delete
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

Title: NA () Delete
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

Title: D () Delete
Name: POLK, MARIE
Address: POB 307
City-St-Zip: STARKE, FL 32091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: POLK, MARIE
Address: POB 307
City-St-Zip: STARKE, FL 32091

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

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

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

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

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: ALBERT ETHERIDGE

D

09/17/2003

Electronic Signature of Signing Officer or Director

Date