

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90834 020 \*\*\*\*61.25

**DOCUMENT # N93000003732**

1. Entity Name

**LIFELINE GOSPEL MINISTRIES INC.**

Principal Place of Business

Mailing Address

2101 W CYPRESS CREEK RD  
 SUITE 1200  
 FT LAUDERDALE FL 33309  
 US

P.O. BOX 8694  
 FT LAUDERDALE FL 33310  
 US

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

65-0471390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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

**FARQUHARSON, MENDEL R**  
**4280 N.W. 36TH WAY**  
**LAUDERDALE LAKES FL 33309**

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	D	<input type="checkbox"/> Delete
NAME	FARQUHARSON, MENDEL R	
STREET ADDRESS	4280 N W 36 WAY	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARR, JONN	
STREET ADDRESS	1900 N.E. 54TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PARR, LINDA	
STREET ADDRESS	1900 N.E. 54TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'GORMAN, DAN	
STREET ADDRESS	6796 PALMETTO CIRCLE SOUTH, #104	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S. D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLICARPINI, DEBI	
STREET ADDRESS	506 SW 16TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	
TITLE	V.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GORMAN, DAN	
STREET ADDRESS	9796 PALMETTO CIRCLE SOUTH, #104	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARQUHARSON, VIOLET P.	
STREET ADDRESS	4280 N W 36 WAY	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
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:**

*Mendel R Farquharson*

*MENDEL R FARQUHARSON*

04-24-2001

(954) 977-5994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)