

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000006009

FILED
Feb 24, 2003
Secretary of State

Entity Name: THE LION'S HEART MINISTRIES, INCORPORATED

Current Principal Place of Business:

320 BOULDER DRIVE
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 421
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 84-1510289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSADA, BARBARA
320 BOULDER DRIVE
VENICE, FL 34293 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: PSC () Delete
Name: CASSADA, WILLIAM E
Address: 320 BOULDER DRIVE
City-St-Zip: VENICE, FL 34293

Title: VTVC () Delete
Name: CASSADA, BARBARA
Address: 320 BOULDER DRIVE
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: SANDERS, GEORGE
Address: 110 HANTHORN ST
City-St-Zip: MAYS LANDING, NJ 08330

Title: D () Delete
Name: SANDERS, BARBARA
Address: 110 HANTHORN ST
City-St-Zip: MAYS LANDING, NJ 08330

Title: D () Delete
Name: CHARLES, KEITH
Address: 86 LAMPOST LANE
City-St-Zip: LANCASTER, PA 17602

Title: D () Delete
Name: CHARLES, LAUREN
Address: 86 LAMPOST LANE
City-St-Zip: LANCASTER, PA 17602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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: WILLIAM E CASSADA

PRES

02/24/2003

Electronic Signature of Signing Officer or Director

Date