

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45898

1. Entity Name

LIFELINE MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

600 E NEW HAVEN  
MELBOURNE FL 32901  
US

BOX 2554  
MELBOURNE FL 32902-2554

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

59-3092279

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

MC CAMMON, GEORGE W  
2260 S. FRONT STREET #206  
MELBOURNE FL 32901

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

TITLE VPD  
NAME WARWICK, PAULA  
STREET ADDRESS 4061 MALLARD DR.  
CITY-ST-ZIP MELBOURNE FL 32934 ☐ Delete

TITLE TD  
NAME COOK, SHAN  
STREET ADDRESS 973 WISPEROAK DR  
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

TITLE D  
NAME SHIPLEY, SHERRY  
STREET ADDRESS 8080 142ND ST  
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Delete  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sherry Shipley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2000 4079521150

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90032 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE