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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005527

1. Corporation Name

THE BRANCH OF LIFE CHRISTIAN FELLOWSHIP MINISTRIES, INC.

Principal Place of Business

456 S.E. 17TH AVENUE
CAPE CORAL FL 33990

Mailing Address

POST OFFICE BOX 150638
CAPE CORAL FL 33915-0638



2. Principal Place of Business

21 **1318 NE VAN LOON LANE**
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

65-0784990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

City & State

23 **CAPE CORAL, FL**

City & State

28

Zip

24 **33990**

Country

25 **LEE**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CUBELLO, III, ANTHONY PASTOR
456 S.E. 17TH AVENUE
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name **ANTHONY CUBELLO, III, PASTOR**
82 Street Address (P.O. Box Number is Not Acceptable)
1318 NE VAN LOON LANE
83
84 City **CAPE CORAL** FL 85 Zip Code **33990**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Anthony Cubello, III, Pastor** **ANTHONY CUBELLO, III, PASTOR**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **CUBELLO, III, ANTHONY PASTOR**
STREET ADDRESS **456 S.E. 17TH AVENUE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **D** ☐ DELETE
NAME **CUBELLO, MARY A PASTOR**
STREET ADDRESS **456 S.E. 17TH AVENUE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **D** ☒ DELETE
NAME **CUBELLO, ROSE MARIE PASTOR**
STREET ADDRESS **3518 S.E. 8TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **MILTON FONTZ**
1.3 STREET ADDRESS **1113 NE 19TH TERRACE**
1.4 CITY-ST-ZIP **CAPE CORAL, FL 33909**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **MARY A. CUBELLO**
2.3 STREET ADDRESS **1318 NE VAN LOON LANE**
2.4 CITY-ST-ZIP **CAPE CORAL, FL 33990**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **SARA FERRO**
3.3 STREET ADDRESS **4520 SW 20TH PLACE**
3.4 CITY-ST-ZIP **CAPE CORAL, FL 33914**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Anthony Cubello, III, Pastor** **ANTHONY CUBELLO, III, PASTOR**
Signature and typed or printed name of signing officer or director

2/10/99
Date

(941) 574-8019
Daytime Phone #

CR2E037 (11/98)