2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State
01-20-2000 90086 022 ****61.25

DOCUMENT # N97000005527

1. Entity Name

THE BRANCH OF LIFE CHRISTIAN FELLOWSHIP MINISTRI

Principal Place of Business	*Mailing Address*
1318 NW VAN LOON LN. CAPE CORAL FL 33990	POST OFFICE BOX 150638 CAPE CORAL FL 33915-0638

A0007879

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1318 NE VAN LOON LANE	
Suite, Apt. #, etc:	Suite, Apt. #, etc.
City & State: CAPE CORAL FLORIDA	City & State
Zip: 33909 Country: LEE	Zip / Country

4. FEI Number: 65-0784990 ☐ 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
CUBELLO, III, ANTHONY PASTOR 1318 NE VAN LOON LN. CAPE CORAL FL 33990	Name: ANTHONY CUBELLO, III, PASTOR Street Address (P.O. Box Number is Not Acceptable): 1318 NE VAN LOON LANE City: CAPE CORAL FL Zip Code: 33909

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: Rev. Anthony Cubello Rev. Anthony Cubello, III 1/12/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FONTZ, MILTON 1113 NE 19TH TERRACE CAPE CORAL FL 33909	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Franco DeVito 908 SE 18th Street Cape Coral, FL 33990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUBELLO, MARY A PASTOR 1318 NE VAN LOON LN. CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERRO, SARA 4520 SW 20TH PL. CAPE CORAL FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Anne Edwards 907 NE 10th Lane Cape Coral, FL 33909	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Linda Fedewa SIGNATURE REQUIRED Treasurer 1.12.2000 941-574-8019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #