DOCUMENT # N97000005527

1. Entity Name

THE BRANCH OF LIFE CHRISTIAN FELLOWSHIP MINISTRI

FILED
Jan 12, 2001 8:00 am
Secretary of State
01-12-2001 90049 023 ****61.25

Principal Place of Business	Mailing Address
1318 NW VAN LOON LN. CAPE CORAL FL 33909	POST OFFICE BOX 150638 CAPE CORAL FL 33915-0638

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2804 DEL PRADO BLVD.	
Suite, Apt. #, etc.: SUITE 209 - UNIT #6	Suite, Apt. #, etc.
City & State: CAPE CORAL, FLORIDA	City & State
Zip: 33904 Country: USA	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 33909	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: Anthony Cubello PASTOR ANTHONY CUBELLO, III PASTOR 1/5/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEVITO, FRANCO 908 SE 18TH ST CAPE CORAL FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT - D JAMES REZIN 2236 CHANDLER Avenue FT. MYERS, FL. 33907	☒ 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 EDWARDS, ANN 907 SE 18TH ST CAPE CORAL FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER - D BRAD BUCK 147 SE 44th TERRACE CAPE CORAL, FL 33990	☒ 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

CR2E037 (10/00)

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: James Rezin SIGNATURE REQUIRED 1/5/01 941-540-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #