2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90022 030 ****61.25

DOCUMENT # N97000005527

1. Entity Name

THE BRANCH OF LIFE CHRISTIAN FELLOWSHIP MINISTRIES, INC.

B0021871

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2804 DEL PRADO BLVD. SUITE 209- UNIT #6 CAPE CORAL FL 33904	POST OFFICE BOX 150638 CAPE CORAL FL 33915-0638

2. Principal Place of Business	3. Mailing Address
1505 SE 40th STREET	
Suite, Apt. #, etc.: SUITE G	Suite, Apt. #, etc.
City & State: CAPE CORAL, FL	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: Rev. Anthony Cubello ANTHONY CUBELLO, III PASTOR 1/8/02
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	PD REZIN, JAMES 2236 CHANDLER AVENUE FORT MYERS FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUCK, BRAD 147 SE 4TH TERRACE 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	SECRETARY MARY A. CUBELLO 1318 NE VAN LOON 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

CR2E037 (9/01)

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: SIGNATURE REQUIRED BRAD BUCK 1/8/02 (941)540-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

Affd Chmn +

B0021871

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 33909	POST OFFICE BOX 150638 CAPE CORAL FL 33915-0638

[redacted]

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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, ANN 907 SE 18TH ST CAPE CORAL FL 33990	☒ Delete	← Should have been deleted last year. Thank you.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 REQUIRED 1/5/01 941-540-3650

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #