

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005527

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** THE BRANCH OF LIFE CHRISTIAN FELLOWSHIP MINISTRIES, INC.

**Current Principal Place of Business:**

1505 SE 40TH STREET  
SUITE G  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 150638  
CAPE CORAL, FL 339150638

**New Mailing Address:**

**FEI Number:** 65-0784990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUBELLO, III, ANTHONY PASTOR  
3310 SW 3RD ST.  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RASI, JOANN  
Address: 934 SE 27TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete  
Name: REED, JOHN  
Address: 234 SW 36TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: SD ( ) Delete  
Name: SYLVIA, PARKER  
Address: 1907 SE 11TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN REED

TREA

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date