2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90130 032 ****61.25

DOCUMENT # N97000005527

1. Entity Name

THE BRANCH OF LIFE CHRISTIAN FELLOWSHIP MINISTRIES, INC.

Principal Place of Business	Mailing Address
1505 SE 40TH STREET SUITE G CAPE CORAL FL 33904	POST OFFICE BOX 150638 CAPE CORAL FL 33915-0638

J00012U38

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anthony Cubello Rev. ANTHONY CUBELLO, III 1/24/03
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 Florida 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	PD NANCY ANDERSON 4023 SE 1ST PLACE. CAPE CORAL, FL 33904	☐ 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	TD GLENNIS BUCK 147 SE 4TH TERRACE CAPE CORAL, FL 33990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CUBELLO, MARY A 1318 NE VAN LOON LANE CAPE CORAL FL 33909	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHRISTINE McDADE 1403 SE 12TH STREET 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 (10/02)

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: Nancy Anderson 1/24/03 239-540-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Phone #