2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90210 020 ****75.00

DOCUMENT # N00000001464

1. Entity Name

RESTORATION OF LIFE MISSION IN CHRIST, INC.

Principal Place of Business	Mailing Address
1321 SOUTH TAMPA AVE ORLANDO FL 32805	1321 SOUTH TAMPA AVE ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
927 Goldenrod Ave	
Suite, Apt. #, etc.: Orlando Suite 210	Suite, Apt. #, etc.
City & State: Orlando Fla	City & State
Zip: 32805 Country: Orange	Zip / Country

4. FEI Number: 59-3633931 ☐ 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
HUDSON, VINETTE MORRIS 207 E. HILLCREST STREET ORLANDO FL 32801	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: Abj Albertha Boswell-James Pastor 1-22-01
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	P BOSWELL JAMES, ALBERTHA 1231 S. TAMPA AVENUE ORLANDO FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elder. Bd. member. James Fahie 3409 Janet St. Plymouth Fla 32712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHR ANDERSON, ALLAN 6005 POWDER POST DRIVE ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INTERRANTE, RICHARD 5501 CONROY ROAD, SUNPOINT APTS., #2 ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOLTWOOD, CHRISTOPHER 1126 VIZCAYA LAKE ROAD OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWABY, GLEN 2087 LONGFELLOW DRIVE ORLANDO FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARMER, CLARA 2416 DARDANETTE DRIVE ORLANDO FL 32808	☐ 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 all other like empowered.

SIGNATURE: Albertha Boswell-James 1-22-01 4072460287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #