2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90032 030 ****75.00

DOCUMENT # N00000001464

1. Entity Name

RESTORATION OF LIFE MISSION IN CHRIST, INC.

Principal Place of Business	Mailing Address
2023 S. RIO GRANDE 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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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 _____
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	E FAHIE, JAMES 3409 JANET STREET PLYMOUTH FL 32712	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor Amos Newby 2111 Beecher Street Orlando FL 32808	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRM ANDERSON, ALLAN 6005 POWDER POST DRIVE ORLANDO FL 32810	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman / President Pastor Albertha Boswell James 1321 South Tampa Avenue Orlando, FL 32805	☑ 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	Assistant Chairman Pastor Neville Benjamin 401 Hager Drive Ocoee FL 34761	☐ 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	Treasurer / Secretary Verna L. Rouse-Dupree 3244 Wolcott Place Orlando, FL 32805	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWABY, GLEN PASTOR 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 (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: X SIGNATURE REQUIRED Albertha Boswell-James 2-18-02 407-246-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #