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

DOCUMENT # N0000001464

1. Entity Name

RESTORATION OF LIFE MISSION IN CHRIST, INC.



FILED Jan 13, 2003 8:00 am § Secretary of State

01-13-2003 90679 020 ****75.00

| | | | - WEI | 1 | | | | |
|---|---|---|---------------------------------------|------------------------------|-------------------------------------|----------------|---------------|-------------|
| Principal Pl | lace of Business | Mailing Address | | | | | | |
| 2023 S. RIO GRANDE AVE. ORLANDO FL 32805 | | 1321 SOUTH TAMPA AVE ORLANDO FL 32805 | | | | | | |
| | | | | |) | AND HERH BIRLA | AIKN AND IAAL | |
| | Il Place of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | |
| City & St | tate | City & State | | 4. FEI Number 5 | 0-2633031 | | pplied For | ٦ |
| Zip | Country | 7 | | | | N N | ot Applicable | , |
| Z.p | Country | Zip | Country | 5. Certificate of Sta | atus Desired | \$8.75 Ac | | 7 |
| | 6. Name and Address of Curren | t Registered Agent | | 7. Name and Addr | ress of New Registered | Fee Require | ed | 4 |
| | | · · · · · · · · · · · · · · · · · · · | Name | | | 90 | | 1 |
| | N, VINETTE MORRIS | | Street Address i | | (P.O. Box Number is Not Acceptable) | | | |
| | HILLCREST STREET | | Offeet Address (i | | ot Acceptable) | | | 1 |
| OHLAN | DO FL 32801 | • | | | | | | 1 |
| | , | | City | · | FL | Zip Coo | le | 1 |
| 8. The abov | ve named entity submits this statement t | for the purpose of changing it | a societare d'effice en en el- | | | | | 1 |
| the obliga | ations of registered agent. | rentine perpose of chariging it | s registered office or regis | stered agent, or both, in ti | he State of Florida. I am i | familiar with, | and accept | |
| | | | | | | | | İ |
| SIGNATURE | | | | <u> </u> | | _ | | |
| | Signature, typed or printed name of registered agen | nt and title if applicable. (NO | TE: Registered Agent signature requ | ired when reinstating) | DATE | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | 1 |
| | FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution, | | \$5.00 May Be | \$5.00 May Be Make Check Payable to | | | |
| | | n dat i dila | Contribution, | Added to Fees | Florida Depart | tment of S | State | |
| .10. | OFFICERS AND D | RECTORS | 11. | ADDITIONS/CHANGE | S TO OFFICERS AND DIF | RECTORS IN | 10 | ┨ |
| TITLE | E | ☐ Delete | TITLE | | - TO STOCK TO SH | ☐ Change | Addition | 1 6 |
| NAME | AMOS, NEWBY PASTOR | | NAME | | | | | \ <u> </u> |
| STREET ADDRESS CITY-ST-ZIP | ETTT OCCUPIENT OTHER | | STREET ADDRESS | | | | | E037 (10/00 |
| TITLE | ORLANDO FL 32808 PCHR | | CITY-ST-ZIP | | | | | į |
| NAME | ALBERTHA, BOSWELL PASTOR | ☐ Delete | TITLE | | | Change | Addition | 18 |
| STREET ADDRESS | | | STREET ADDRESS | ~ | | | | - |
| CITY-ST-ZIP | ORLANDO FL 32805 | | CITY-ST-ZIP | | | | | |
| TITLE | ACHR | ☐ Delete | TITLE | | | Change | | |
| NAME | NEVILLE, BENJAMIN PASTOR | _ Boloto | NAME | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | 10. TO COLIT DIT | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | OCOEE FL 34761 | · | CITY-ST-ZIP | | | | | |
| TITLE | TS | ☐ Delete | TITLE | * | | Change | Addition | |
| NAME Street address | VERNA, ROUSE L DUPREE | | NAME | | | v | _ | |
| CITY-ST-ZIP | 3244 WOLCOTT PLACE ORLANDO FL 32805 | | STREET ADDRESS CITY-ST-ZIP | | | | | ı |
| TITLE | D | | | | _ | | | |
| NAME | SWABY, GLEN PASTOR | ☐ Delete | TITLE NAME | | | ☐ Change | Addition | |
| STREET ADDRESS | 2087 LONGFELLOW DRIVE | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO FL 32818 | | CITY-ST-ZIP | | | | } | |
| TITLE | D | ☐ Delete | TITLE | | 4 | Channa | ☐ Addision | |
| NAME | FARMER, CLARA | | NAME | | | ☐ Change | Addition | |
| STREET AODRESS | 2416 DARDANETTE DRIVE | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO FL 32808 | | CITY-ST-ZIP | | | | | |
| 2 I horoby | pertify that the information supplied with | Al-1- CU | | | | | | |

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: