

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

7/1/02

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-01-2002 90353 039 ****61.25

DOCUMENT # **NO1000000775**

1. Entity Name

AZARIAH For Life Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

115 Eastwood Hills Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 356

Suite, Apt. #, etc.

City & State

Lloyd FL.

City & State

Lloyd FL.

4. FEI Number

22-3776108

Applied For

Not Applicable

Zip

32337

Country

U.S.A.

Zip

32337

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **Raymond H. McPherson**

Street Address (P.O. Box Number is Not Acceptable)

115 Eastwood Hills Rd.

City

Lloyd FL

FL

Zip Code

32337

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Pres.
R.H. McPherson
P.O. Box 356
Lloyd FL 32337**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Lou Joyner
311 Paul Thompson Rd
Monticello FL 32332
32334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Tom McPherson
2603 Bawbridge Blvd
Chesapeake Va 23324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond H. McPherson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)