

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90473 001 \*\*\*\*61.25  
 02-25-2002 90473 002 \*\*\*\*\*8.75

**DOCUMENT # NO1000007179**

1. Entity Name

**ETERNAL LIFE FELLOWSHIP INC.**

Principal Place of Business

**1106 LINE STREET  
 MELBOURNE FL**

Mailing Address

**1106 LINE STREET  
 MELBOURNE FL**

2. Principal Place of Business

**1106 Line Street**

Suite, Apt. #, etc.

3. Mailing Address

**1106 Line Street**

Suite, Apt. #, etc.

City & State

**Melbourne Florida**

Zip

**32901**

Country

**Brevard**

City & State

**Melbourne Florida**

Zip

**32901**

Country

**Brevard**

4. FEL Number

**52 2049202**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WALDRON, TOM D ESQ.  
 112 WEST NEW HAVEN AVENUE  
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete  
 NAME **LEE, GWENDA PASTOR**  
 STREET ADDRESS **2420 SOLANA STREET**  
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete  
 NAME **GREEN, MARY**  
 STREET ADDRESS **210 E. UNIVERSITY #6**  
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete  
 NAME **SMITH, FELECIA**  
 STREET ADDRESS **210 THOR AVENUE #103SE**  
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**GWENDA PASTOR**

**2/11/02**

**321-725-1210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)