

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008222

FILED  
Aug 20, 2003  
Secretary of State

Entity Name: RENEWED LIFE MINISTRIES ASSEMBLIES OF CHRIST INC.

**Current Principal Place of Business:**

22129 MIDWAY BLVD  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

3725 TAMiami TRAIL  
PORT CHARLOTTE, FL 33949

**Current Mailing Address:**

P O BOX 495254  
PORT CHARLOTTE, FL 339495254

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

SWINSON-FURLOW, MICHELE C  
22129 MIDWAY BLVD  
PORT CHARLOTTE, FL 33952 US

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: MICHELE C. SWINSON-FURLOW

08/20/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  Delete  
Name: FURLOW, AARON L SR  
Address: 22129 MIDWAY BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VSTD  Delete  
Name: SWINSON-FURLOW, MICHELE C  
Address: 22129 MIDWAY BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  Delete  
Name: ROBINSON, ANDRAYA V  
Address: 22129 MIDWAY BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE C. SWINSON-FURLOW

VSTD

08/20/2003

Electronic Signature of Signing Officer or Director

Date