

2002 UNIFORM BUSINESS REPORT (UBR)

012332

DOCUMENT # N01000008705

1. Entity Name

BREATH OF LIFE FELLOWSHIP CHURCH, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 18 PM 11:01

Principal Place of Business

709 EAST CARACAS STREET
TAMPA FL 33603

Mailing Address

709 EAST CARACAS STREET
TAMPA FL 33603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3350 W. HILLSBOROUGH

3. Mailing Address

3350 WEST HILLSBOROUGH AVE

Suite, Apt. #, etc.

SUITE #218

Suite, Apt. #, etc.

SUITE #218

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

68-051912

Applied For

Not Applicable

Zip

33614-5876

Country

USA

Zip

33614-5876

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLLINS, JESSIE R II
C/O 709 EAST CARACAS STREET
TAMPA FL 33603

7. Name and Address of New Registered Agent

Name

JESSIE R. ROLLINS, II

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

3350 W. HILLSBOROUGH AVENUE

SUITE #218

City

TAMPA

FL

Zip Code

33614

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jessie R. Rollins II

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5 Sept 2002

DATE

After September 13, 2002,
min. will be \$236.25.

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	P	<input checked="" type="checkbox"/> Delete
NAME	ROLLINS, JESSIE R II	
STREET ADDRESS	709 EAST CARACAS STREET	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, LORENZO C	
STREET ADDRESS	709 EAST CARACAS STREET	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLINS, JESSIE R, II	
STREET ADDRESS	3350 W. HILLSBOROUGH AVE #218	
CITY-ST-ZIP	TAMPA, FL 33614-5876	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, LORENZO, C.	
STREET ADDRESS	3350 W. HILLSBOROUGH AVE #218	
CITY-ST-ZIP	TAMPA, FL 33614-5876	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTLEDGE, GWENDOLYN, G	
STREET ADDRESS	5219 EL TORO CT #173	
CITY-ST-ZIP	TAMPA, FL	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MECLELLAN, BERNIE	
STREET ADDRESS	4632 1/2 CENTRAL AVE	
CITY-ST-ZIP	ST. PETE, FL 33711	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, TRACI	
STREET ADDRESS	13452 VILLAGE CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jessie R. Rollins II

5 SEPT 2002 8:13.873.1888

CR2E037 (4/02)