

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

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90020 019 \*\*\*\*\*61.25

**DOCUMENT # N02000007867**

1. Entity Name

**RIGHT LIFE INTERNATIONAL CHURCH OF THE LIVING GOD, INC.**



Principal Place of Business

**1459 W UNION ST  
JACKSONVILLE FL 32209**

Mailing Address

**P O BOX 43611  
JACKSONVILLE FL 32203-3611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02-0614488**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, REGINA W  
1490 MITCHELL ST  
JACKSONVILLE FL 32209-3974**

7. Name and Address of New Registered Agent

Name **Regina W. Harris**  
Street Address (P.O. Box Number is Not Acceptable)  
**923 Prospect Street**  
City **Jacksonville** FL Zip Code **32254**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **BROWN, WALTER L**  
STREET ADDRESS **1490 MITCHELL ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32209-3974**

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

TITLE **V** ☐ Delete  
NAME **STEPHENS, ELLA M**  
STREET ADDRESS **416 SMITH ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE **S** ☐ Delete  
NAME **PICKETT, SYLVIA C**  
STREET ADDRESS **6618 JUNIPER CREEK DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

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

TITLE **T** ☐ Delete  
NAME **BROWN, REGINALD C**  
STREET ADDRESS **2712 STARDUST CT, APT. 7**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☒ Change ☐ Addition  
NAME **Brown, Reginald D.**  
STREET ADDRESS **2712 Stardust Ct, Apt. 7**  
CITY-ST-ZIP **Jacksonville, FL 32211**

TITLE **D** ☐ Delete  
NAME **HARRIS, REGINALD C**  
STREET ADDRESS **1923 OLUSTEE ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☒ Change ☐ Addition  
NAME **Harris, Ronald C.**  
STREET ADDRESS **1923 Olustee St.**  
CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE **D** ☐ Delete  
NAME **BROWN, ROSALIND D**  
STREET ADDRESS **4431 RALEIGH ST**  
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition  
NAME **Eason, Rosalind D.**  
STREET ADDRESS **4431 Raleigh St.**  
CITY-ST-ZIP **Orlando, FL 32811**

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: **Regina W. Harris**

**05/06/03**

**904-766-1352**

CR2E037 (10/02)