


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90317 043 ****61.25

DOCUMENT # N04000005376 1. Entity Name AWAKENING TO LIFE MINISTRIES, INC.					
Principal Place of Business 3512 UPHILL TERRACE JACKSONVILLE, FL 32277			Mailing Address 3512 UPHILL TERRACE JACKSONVILLE, FL 32277		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLE, ANDRE A SR. 3512 UPHILL TERRACE JACKSONVILLE, FL 32277				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, ANDRE A SR.		NAME		
STREET ADDRESS	3512 UPHILL TERRACE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32277		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, ANGELA P		NAME		
STREET ADDRESS	3512 UPHILL TERRACE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32277		CITY - ST - ZIP		
TITLE	SEC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ROSEMARY		NAME		
STREET ADDRESS	725 CHERRY BARK DRIVE N		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32218		CITY - ST - ZIP		
TITLE	TR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, JOHN		NAME		
STREET ADDRESS	6745 RYDHOLM STREET		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32208		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Andre A. Cole Sr.</i>			<i>(Pastor) President</i> ANDRE A. COLE SR.		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> 4-14-05 <small>Daytime Phone #</small> (904) 755-6285		

50037258



04142005 Chg-NP CR2E037 (10/03)

4. FEI Number **20-1183876** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**