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

## **DOCUMENT # N38654**

1. Entity Name

## FORT ALAFIA RESTORATION MINISTRIES, INC.



FILED May 14, 2003 8:00 am Secretary of State

05-14-2003 90138 047 \*\*\*\*61.25

Principal Place of Business		Mailing	Mailing Address						
410 SWILLEY RD HWY. 39 AND SWILLEY PLANT CITY FL 33567		HWY. 3	410 SWILLEY RD HWY. 39 AND SWILLEY PLANT CITY FL 33567						
PLANT CHI FI	L 33301	FLAMI	GITT 1 E 33307			1 (8 1) (10 1)			
2. Principal Place of Business		3. Maili	3. Mailing Address						
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			3972430023			oplied For ot Applicable
Zip	Zip Country Zi			Cip Country		5. Certificate of Status Desired See			litional
	6. Name and Address of Cu	rrent Registere	d Agent			7. Name and Ad	dress of New Register	ed Agent	
		**************************************		Name	···	<u>.</u> =			-42 u
	RONALD C	= <del></del>	Street Address			(P.O. Box Number is Not Acceptable)			
3425 POI Lithia fi	rter RD. L 33547								
			City			FL Zip Code			
	named entity submits this staten	nent for the purpo	ose of changing its	registered office of	or registere	d agent, or both, in	n the State of Florida. I	am familiar with,	and accept
the obliga	tions of registered agent.	•							
SIGNATURE	Signature, typed or printed name of registere	d agent and title if appl	licable. (NOTE	: Registered Agent signa	ature required v	vhen reinstating)	DA	TE	
							ľ		-
	FILE NOW: FEE IS \$61.25	, l		npaign Financing		<b>\$5.00</b> May Be		eck Payable	
		-	Trust Fund C	ontribution.	Ц	Added to Fees	Florida De	partment of S	State
10.	OFFICERS AF	ND DIRECTORS		11.	Α	DDITIONS/CHANG	 GES TO OFFICERS AND	DIRECTORS IN	10
TITLE	DP		☐ Delete	TITLE				Channa	
NAME	DIXON, REV RONALD C.			114145				Change	☐ Addition
STREET ADDRESS	3425 PORTER RD.			NAME				□ change	Addition
CITY-ST-ZIP	LITHIA FL		,	STREET ADDRESS				∐ change	Addition
TITLE				STREET ADDRESS CITY-ST-ZIP					
	DT		<b>∑</b> Delete	STREET ADDRESS CITY-ST-ZIP TITLE	0	Duane		☐ Change	Addition
NAME	DT BRUNER, ROBERT		<b>⊠</b> Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	O Edge	, Duane	Rd		
	DT BRUNER, ROBERT 19148 RED BIRD LN		<b>⊠</b> Delete	STREET ADDRESS CITY-ST-ZIP TITLE	O Edge 3179 Lif	Duane Kaysville	RL 33541		
NAME STREET ADDRESS	DT BRUNER, ROBERT			STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	O Edge 3119 Lif	, Duane Kaysville nia, FL	RL 33541		
NAME STREET ADDRESS CITY-ST-ZIP	DT BRUNER, ROBERT 19148 RED BIRD LN LITHIA FL 33547 DS MARR, TOM		Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Edge 3179 Lit	Duane Kaysville Na, FL		☐ Change	Addition
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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:

CHECKED TO THE

5/8/03 813737-4656

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