

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90101 004 ****70.00

DOCUMENT # N41267

1. Entity Name

BODY LIFE FELLOWSHIP, INTERNATIONAL EDUCATIONAL

Principal Place of Business

Mailing Address

3221 OSAGE DRIVE
 ZEPHYRHILLS FL 33541

3221 OSAGE DRIVE
 ZEPHYRHILLS FL 33541-2438

00006997



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3221 OSAGE DRIVE

SAME

Suite/Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State
 ZEPHYRHILLS, FL

City & State
 ZEPHYRHILLS, FL

4. FEI Number

59-3045406

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDEGEAIR, CLARENCE W.
 3221 OSAGE DRIVE
 ZEPHYRHILLS FL 33541

Name

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

City

FL

Zip Code

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUDEGEAIR, CLARENCE W.	
STREET ADDRESS	3221 OSAGE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUDEGEAIR, IVA LOU	
STREET ADDRESS	1308 HORSE TREE CT	
CITY-ST-ZIP	VALRICO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAULOVKIN, KENNETH J.	
STREET ADDRESS	18574 DENNINGTON CT	
CITY-ST-ZIP	LEESBURG VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Clarence W. Rudegeair*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00
 Date Daytime Phone #

CR2E037 19/99