

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46576

1. Entity Name

EVERLASTING LIFE MINISTRY EVANGELIST CHURCH OF G

Principal Place of Business

1950 NW BLITCHTON RD  
OCALA FL 32670

Mailing Address

10419 OLCOT ST  
ORLANDO FL 32817

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

59-3105777

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

EDWARDS, MELVIN SR  
10419 OLCOT ST  
ORLANDO FL 32817

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  
NAME EDWARDS, MELVIN J. SR  
STREET ADDRESS 1950 NW BLITCHTON RD  
CITY-ST-ZIP Ocala FL ☐ Delete

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

TITLE SD  
NAME EDWARDS, MARSHA  
STREET ADDRESS 1950 NW OLD BLITCHTON RD  
CITY-ST-ZIP Ocala FL ☐ Delete

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

TITLE TD  
NAME EDWARDS, MARY E.  
STREET ADDRESS 1950 NW BLITCHTON RD  
CITY-ST-ZIP Ocala FL ☐ Delete

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

TITLE D  
NAME EDWARDS, MELVIN J  
STREET ADDRESS 10419 OLCOT ST  
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

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

TITLE D  
NAME DAVIS, JOSEPH  
STREET ADDRESS 132 SW 16TH AVE  
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

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

TITLE D  
NAME BETTS, HERMAN  
STREET ADDRESS 1648 NW 4TH ST  
CITY-ST-ZIP Ocala FL 34475 ☐ Delete

TITLE ☐ Change ☐ 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: *Melvin J. Edwards Sr* Melvin J. Edwards Sr 4629 101 907-234-4682

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90234 014 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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