

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # N46576**

1. Entity Name

**EVERLASTING LIFE MINISTRY EVANGELIST CHURCH OF G**

Principal Place of Business

Mailing Address

1950 NW BLITCHTON RD  
 Ocala FL 32670

10419 OLCOT ST  
 ORLANDO FL 32817

80056837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3105777

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
NAME	EDWARDS, MELVIN J. SR	
STREET ADDRESS	1950 NW BLITCHTON RD	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDWARDS, MARSHA	
STREET ADDRESS	1950 NW OLD BLITCHTON RD	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDWARDS, MARY E.	
STREET ADDRESS	1950 NW BLITCHTON RD	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, MELVIN J	
STREET ADDRESS	10419 OLCOT ST	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JOSEPH	
STREET ADDRESS	132 SW 16TH AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETTS, HERMAN	
STREET ADDRESS	1648 NW 4TH ST	
CITY-ST-ZIP	OCALA FL 34475	

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

CR2E037 (10/00)