

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90014 027 ****61.25

DOCUMENT # N94000000973

1. Entity Name

RECONCILED LIVING MINISTRIES, INC.

Principal Place of Business

674 NW 62ND ST.
 MIAMI FL 33150
 US

Mailing Address

P. O. BOX 470493
 MIAMI FL 33247

2. Principal Place of Business

7770 NW 23rd Ave

Suite, Apt. #, etc.

"A"

3. Mailing Address

P.O. Box 470493

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

Zip

Country

33147

USA

33247

USA

6. Name and Address of Current Registered Agent

GAYLE, ANGEL C
 674 NW 62ND ST.
 MIAMI FL 33150

7770 A NW 23rd Ave
Miami, FL 33147

7. Name and Address of New Registered Agent

Name **Angel C. Gayle**

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

7770 NW 23rd Ave., Suite A

City

Miami,

FL

Zip Code

33147

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

Angel C. Gayle, Vice Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

Angel C. Gayle 5/22/01

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

TITLE	DCP	<input type="checkbox"/> Delete
NAME	GAYLE, KARL R	
STREET ADDRESS	674 NW 62ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAYLE, ANGEL C	
STREET ADDRESS	674 N2 62ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUBBS, KENT	
STREET ADDRESS	237 NW 48TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, DEBORAH	
STREET ADDRESS	2411 NW 170TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RINGLING, JULIUS C. J	
STREET ADDRESS	1897 NW 151ST STREET	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHNSON, DEMETRIA Y	
STREET ADDRESS	1955 NW 5TH PLACE #11	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: **KARL R. GAYLE**

5/22/01 786-457-4115

CR2E037 (10/00)