

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90009 004 \*\*\*\*70.00

DOCUMENT # *N94000000 973*

1. Entity Name

*Reconciled Living Ministries, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1600 NW 66th Street*

3. Mailing Address

*P.O. Box 470493*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Miami, FL*

City & State

*Miami, FL*

4. FEI Number

*65-0472006*

Applied For

Not Applicable

Zip

*33147*

Country

*Miami-Dade*

Zip

*33247*

Country

*Miami-Dade*

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Angel C. Gayle*

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

*1600 NW 66th Street*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Angel C. Gayle VP*

*Angel C. Gayle*

*9/7/04*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<i>DCP</i>
NAME	<i>Gayle, Karl R.</i>
STREET ADDRESS	<i>1600 NW 66th Street</i>
CITY-ST-ZIP	<i>Miami, FL 33147</i>
TITLE	<i>V</i>
NAME	<i>Gayle, Angel C.</i>
STREET ADDRESS	<i>1600 NW 66th Street</i>
CITY-ST-ZIP	<i>Miami, FL 33147</i>
TITLE	<i>D</i>
NAME	<i>Stubbs, Kent</i>
STREET ADDRESS	<i>237 NW 48th Street</i>
CITY-ST-ZIP	<i>Miami, FL 33137</i>
TITLE	<i>D</i>
NAME	<i>Taylor, Deborah</i>
STREET ADDRESS	<i>2411 NW 170th Street</i>
CITY-ST-ZIP	<i>Miami, FL 33055</i>
TITLE	<i>DST</i>
NAME	<i>Ringling, Julius C. Jr.</i>
STREET ADDRESS	<i>1750 NW 55th Ave #201</i>
CITY-ST-ZIP	<i>Ft. Lauderdale, FL 33318</i>
TITLE	<i>D</i>
NAME	<i>Joan Morales</i>
STREET ADDRESS	<i>19730 SW 86th Terrace</i>
CITY-ST-ZIP	<i>Pembroke Pines, FL 33029</i>

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Angel C. Gayle VP*

*9/7/04 (786) 457-4115*

CR2E037B (12/02)