

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90062 019 ****61.25

DOCUMENT # N94000000973

1. Entity Name

RECONCILED LIVING MINISTRIES, INC.



Principal Place of Business

Mailing Address

**2362 N.W. 95TH ST.
MIAMI FL 33147
US**

**P. O. BOX 470493
MIAMI FL 33247**

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 **65-0472006**

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

**GAYLE, ANGEL C
2362 N.W. 95TH ST.
MIAMI FL 33147**

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

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DCP** ☐ Delete
NAME **GAYLE, KARL R**
STREET ADDRESS **2362 N.W. 95TH ST.**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE **D** ☐ Change ☒ Addition
NAME **Jennie Morales**
STREET ADDRESS **19730 SW 86th Terrace**
CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE **V** ☐ Delete
NAME **GAYLE, ANGEL C**
STREET ADDRESS **2362 N.W. 95TH ST.**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☐ Delete
NAME **STUBBS, KENT**
STREET ADDRESS **237 NW 48TH ST**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **TAYLOR, DEBORAH**
STREET ADDRESS **2411 NW 170THH ST.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **RINGLING, JULIUS C. J**
STREET ADDRESS **1897 NW 151ST STREET**
CITY-ST-ZIP **OPA LOCKA FL**

TITLE **DST** ☐ Change ☒ Addition
NAME **Ringling, Julius C. Jr.**
STREET ADDRESS **1750 NW 55th Ave # 201**
CITY-ST-ZIP **Ft Lauderdale, FL 33318**

TITLE **D** ☐ Delete
NAME **DALEY, MICHAEL N**
STREET ADDRESS **1760 S.W. 86TH TERR.**
CITY-ST-ZIP **MIRAMAR FL 33025**

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)(l), 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: *Angel C. Gayle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03 (786) 457-4115

CR2E037 (4/03)