

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005005 (3)

1. Corporation Name

RESURRECTED LIFE MINISTRIES, INCORPORATED



Principal Place of Business

Mailing Address

**9150 NW 7 AVE
#410
MIAMI FL 33150**

**P.O. BOX 680552
MIAMI FL 33168**

3. Date Incorporated or Qualified
10/07/1994

3a. Date of Last Report
12/29/1995

2. Principal Place of Business

2a. Mailing Address

21 9150 NW 7TH AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT 410

27

City & State

City & State

23 MIAMI, FLORIDA

28

Zip

Country

Zip

Country

24 33150

25

29

30

4. FEI Number
65-0554162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARAFIENA, JOHN O
9150 NW 7 AVE
#410
MIAMI FL 33150**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ARAFIENA, JOHN O**
STREET ADDRESS **9150 NW 7TH AVE. #410**
CITY-ST-ZIP **MIAMI FL 33150**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **EBOKA, EMMANUEL**
STREET ADDRESS **1716 NW 5TH AVE.**
CITY-ST-ZIP **MIAMI FL 33150**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **WYCLIFFE TYSON**
2.3 STREET ADDRESS **6941 BAY DRIVE # 6**
2.4 CITY-ST-ZIP **NORMANDY ISLE, MIAMI BEACH FL 33141**

TITLE **DS** ☐ DELETE
NAME **EBOKA, ROSE**
STREET ADDRESS **1716 NW 5TH AVE.**
CITY-ST-ZIP **MIAMI FL 33150**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **MELLISA BRAC**
3.3 STREET ADDRESS **10040 NW 93RD CIRCLE #101**
3.4 CITY-ST-ZIP **MIAMI, FL 33172**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **ANTHONY OJUDOH**
4.3 STREET ADDRESS **55 NW 195TH STREET**
4.4 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **JULIA REESE**
5.3 STREET ADDRESS **19690 NW 32ND AVE**
5.4 CITY-ST-ZIP **CAROL CITY, FL 33056**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **PABLO AROCHA**
6.3 STREET ADDRESS **9351 FOUNTAINBLEAU BLVD, # B119**
6.4 CITY-ST-ZIP **MIAMI, FL 33172**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 appointed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96
Date

(305) 756-8624
Daytime Phone #

CR2E037 (12/95)