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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Candra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005005 (3)**

1. Corporation Name

RESURRECTED LIFE MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

**270 NW 181ST ST
MIAMI FL 33169
US**

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

3. Date Incorporated or Qualified

10/07/1994

4. FEI Number

65-0554162

Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARAFIENA, JOHN O
270 NW 181ST STREET
#410
MIAMI FL 33169**

81 Name **JOHN O. ARAFIENA**
82 Street Address (P.O. Box Number is Not Acceptable)
270 NW 181ST STREET
83
84 City **MIAMI** **FL** **85** Zip Code **33169**

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

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

(NOTE: Registered Agent signature required when reinstating)

4/21/98
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**

TITLE **DT** ☐ DELETE
NAME **WYCLIFFE TYSON**
STREET ADDRESS **6941 BAY DR #8 NORMANDY ISLE**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **DS** ☐ DELETE
NAME **ETUMNU, LAWRENCE**
STREET ADDRESS **3381 NW 171ST ST**
CITY-ST-ZIP **CAROL CITY FL**

TITLE **D** ☐ DELETE
NAME **ANTHONY OJUDOH**
STREET ADDRESS **55 NW 195TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **JULIA REESE**
STREET ADDRESS **19690 NW 32ND AVE**
CITY-ST-ZIP **CAROL CITY FL**

TITLE **D** ☒ DELETE
NAME **NZERIBE, RICHARD**
STREET ADDRESS **755 NW 128TH ST**
CITY-ST-ZIP **MIAMI FL**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

4/21/98
DATE

(305) 999-9265
Phone Number

CR2E037 (10/97)