

DOCUMENT # N95000002621

1. Entity Name

CITY OF LIFE INTERNATIONAL CHRISTIAN FELLOWSHIP, *P*

Principal Place of Business

Mailing Address

6644 ARLINGTON ROAD
JACKSONVILLE FL 32211P.O. BOX 551702
JACKSONVILLE FL 32255-1702

2. Principal Place of Business

3. Mailing Address

2143 BIRCH BARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip
32246

Country

FLORIDA

Zip

Country

4. FEI Number

59-3327001

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SEAGO, RODNEY H
14107 LITTLE FALLS COURT
JACKSONVILLE FL-32224

7. Name and Address of New Registered Agent

Name RODNEY H. SEAGO

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

2143 BIRCH BARK DRIVE

City JACKSONVILLE

FL

Zip Code 32246

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	SEAGO, RODNEY H REV.	
STREET ADDRESS	14107 LITTLE FALLS COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE	T	<input type="checkbox"/> Delete
NAME	SEAGO, JANET D	
STREET ADDRESS	14107 LITTLE FALLS COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

TITLE	T	<input type="checkbox"/> Delete
NAME	GODWIN, RICHARD L REV.	
STREET ADDRESS	14015 SAN PEDRO AVE.	
CITY-ST-ZIP	SAN ANTONIO TX 78232	

TITLE	T	<input type="checkbox"/> Delete
NAME	THOM, DRUMMOND REV.	
STREET ADDRESS	8300 SHEPHEADSVILLE RD.	
CITY-ST-ZIP	LOUISVILLE KY	

TITLE	T	<input type="checkbox"/> Delete
NAME	THOM, CHARLOTTE	
STREET ADDRESS	8300 SHEPHEADSVILLE RD.	
CITY-ST-ZIP	LOUISVILLE KY	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	REV.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES D. GLASS	
STREET ADDRESS	11433 SEDGEMOORE DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32243	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

904-220-0249

Daytime Phone #

CP2EC07 (9/99)