

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90175 009 ****61.25

DOCUMENT # 1495000002621
1. Entity Name CITY OF LIFE, INTERNATIONAL CHRISTIAN FELLOWSHIP

Principal Place of Business 2143 BIRCH BARK DR
JACKSONVILLE FL 32246
Mailing Address PO BOX 551702
JACKSONVILLE FL 32255-1702

C0057411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.
City & State
City & State

4. FEI Number 59-3327001
Applied For
☐ **Not Applicable**

Zip **Country** **Zip** **Country**

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

SEAGO, RODNEY H
2143 BIRCH BARK DR
JACKSONVILLE FL 32246

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.

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
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SEAGO, RODNEY H REV.</u> <u>14107 LITTLE FALLS CT</u> <u>JACKSONVILLE FL 32224</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SEAGO, JANET D</u> <u>14107 LITTLE FALLS CT</u> <u>JACKSONVILLE FL 32224</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SODOWN, RICHARD L. REV</u> <u>14015 SAN PEDRO AVE</u> <u>SAN ANTONIO TX 78232</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>THOM, DRUMMOND REV.</u> <u>8300 SHEPHERDSVILLE RD</u> <u>LOUISVILLE KY</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>THOM, DRUMMOND REV.</u> <u>8300 SHEPHERDSVILLE RD</u> <u>LOUISVILLE KY.</u>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JAMES D. GLASS</u> <u>11483 SEDGEMORE DR N.</u> <u>JACKSONVILLE FL 32223</u>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SEAGO, RODNEY H REV</u> <u>2143 BIRCH BARK DR.</u> <u>JACKSONVILLE FL 32246</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SEAGO, JANET D</u> <u>2143 BIRCH BARK DR</u> <u>JACKSONVILLE FL 32246</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>JAMES D. GLASS</u> <u>2010 GERONIMO TRAIL</u> <u>MAITLAND FL 32751</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: RH Seago **4/20/00** **904-220-0249**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E037 (11/00)