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FILED
Jun 13, 2002 8:00 am
Secretary of State
05-22-2002 90236 038 ****61.25

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

DOCUMENT # N95000002621

1. Entity Name

CITY OF LIFE, INTERNATIONAL CHRISTIAN FELLOWSHIP, INC

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2143 BIRCH BARK DR	2143 BIRCH BARK DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL.	City & State: JACKSONVILLE FL. 322
Zip: 32246 Country: USA	Zip: 32246 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-332 7001 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RODNEY H. SEAGO

Street Address (P.O. Box Number is Not Acceptable): 2143 BIRCH BARK DR.

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 title if applicable (NOTE: Registered Agent signature required when changing) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	P	D
NAME	SEAGO, RODNEY H. REV.	
STREET ADDRESS	2143 BIRCH BARK DR.	
CITY-ST-ZIP	JACKSONVILLE FL. 32246	
TITLE	D	D
NAME	SEAGO, JANET D. REV.	
STREET ADDRESS	2143 BIRCH BARK DR	
CITY-ST-ZIP	JACKSONVILLE FL. 32246	
TITLE	D	D
NAME	THOM DRUMMOND REV.	
STREET ADDRESS	8300-SHEPHERDSVILLE-RD.	
CITY-ST-ZIP	LOUISVILLE KY.	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: RH Seago (RODNEY H. SEAGO) 5/02/02 904-220-0049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #