

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

FILED
May 28, 2002 8:00 am
Secretary of State

04-02-2002 90970 005 ****61.25

DOCUMENT # 1195000003555 ✓

1. Entity Name

REASON LIGHT AND TRUTH CHURCH
FOUNDATION INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11140 US HWY 1

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

SEASTION FL.

City & State

4. FEI Number

65-0601074

Applied For

Not Applicable

Zip

32958

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ROBERT L. TAYLOR

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

11140 US HWY 1

City

SEASTIAN

FL

Zip Code

32958

**DO NOT WRITE
IN THIS SPACE**

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

**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	<u>PRES</u>	TITLE	
NAME	<u>ROBERT L. TAYLOR</u>	NAME	
STREET ADDRESS	<u>11140 US HWY 1</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>SEASTIAN FL. 32958</u>	CITY-ST-ZIP	
TITLE	<u>V. PRES</u>	TITLE	
NAME	<u>ROBERT BRAMEREL</u>	NAME	
STREET ADDRESS	<u>1647 INDIAN RIVER DR</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>SEASTIAN FL. 32958</u>	CITY-ST-ZIP	
TITLE	<u>DIRECTOR</u>	TITLE	
NAME	<u>DAVID KURLAND</u>	NAME	
STREET ADDRESS	<u>11140 US HWY 1</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>SEASTIAN FL. 32958</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Robert L. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-02

Date

361-388-1056

Daytime Phone #

CR2037B (12/01)