

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

0083340

**DOCUMENT # N97000003193**

1. Entity Name

**RESTORATION WORDS OF LIFE CHRISTIAN CENTER, INC.**

05-02-2001 90012 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**322 SW 6TH AVE  
 DELRAY BEACH FL 33444**

**322 SW 6TH AVE  
 DELRAY BEACH FL 33444**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0763304**

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

**FASHAW, GREGORY L  
 322 SW 6TH AVE  
 DELRAY BEACH FL 33444**

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

| 10. OFFICERS AND DIRECTORS |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FASHAW, GREGORY L PASTOR</b>             | NAME  |   |
| STREET ADDRESS             | <b>322 SW 6TH AVE</b>                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL 33444</b>                | CITY-ST-ZIP   |   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FASHAW, EWIE S</b>                       | NAME  |   |
| STREET ADDRESS             | <b>322 SW 6TH AVE</b>                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL 33444</b>                | CITY-ST-ZIP   |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JONES, RAYNARD</b>                       | NAME  |   |
| STREET ADDRESS             | <b>1510 SW 3RD CT</b>                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>DELRAY BCH FL 33444</b>                  | CITY-ST-ZIP   |   |
| TITLE                      | <b>TD</b> <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BRAZIAL, JOANN</b>                       | NAME  |   |
| STREET ADDRESS             | <b>4014 HAYDEN AV</b>                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>WEST PALM FL 33407</b>                   | CITY-ST-ZIP   |   |
| TITLE                      | <b>VSTD</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GORDON, DAVID</b>                        | NAME  |   |
| STREET ADDRESS             | <b>4222 NW 99 TERR</b>                      | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>SUNRISE FL 33351</b>                     | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |   | 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:** *Gregory L. Fashaw* (**Gregory Fashaw**) **April 26, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)