

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90316 029 ****61.25

DOCUMENT # N97000003193

1. Entity Name

RESTORATION WORDS OF LIFE CHRISTIAN CENTER, INC.

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

Zip

Country

Zip

Country

4. FEI Number

65-0763304

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FASHAW, GREGORY L PASTOR	
STREET ADDRESS	322 SW 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FASHAW, EVIE S	
STREET ADDRESS	322 SW 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, RAYNARD	
STREET ADDRESS	1510 SW 3RD CT	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRAZIAL, JOANN	
STREET ADDRESS	4014 HAYDEN AV	
CITY-ST-ZIP	WEST PALM FL 33407	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GORDON, DAVID	
STREET ADDRESS	4222 NW 99 TERR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: *Gregory L Fashaw*

4/1/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)