

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000951

1. Entity Name

THE BREATH OF LIFE APOSTOLIC CHURCH OF JESUS CHR

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90119 003 \*\*\*\*61.25

Principal Place of Business

THE BREATH OF LIFE  
1905 W. BOBE ST.  
PENSACOLA FL 32501

Mailing Address

1905 W. BOBE ST.  
PENSACOLA FL 32501-1546

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3500677

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

**RICH, RONNIE**  
**8376 ASHLAND AVE**  
**PENSACOLA FL 32543**

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

**T**  
**RICH, RONNIE R**  
**8376 ASHLAND AVENUE**  
**PENSACOLA FL 32533**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ST**  
**HARRIS, CARSTELLA**  
**2811 LANDRY AVENUE #114**  
**PENSACOLA FL 32504**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TT**  
**GIBSON, RONALD**  
**312 TWISTED OAK**  
**CANTONMENT FL 32533**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PT**  
**Rich, Ronnie**  
**8376 Ashland Avenue**  
**Cantonment, FL 32533**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ST**  
**Harris Carstella**  
**903 Crystal Springs Avenue**  
**Pensacola, Florida 32505**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TT**  
**Gibson, Ronald**  
**312 Twisted Oak**  
**Cantonment, FL 32533**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: Carstella Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00 (850) 494-5817

Date

Daytime Phone #

CR2E037 (9/99)