

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-28-2002 90036 037 ****61.25

DOCUMENT # N98000000951

1. Entity Name

**THE BREATH OF LIFE APOSTOLIC CHURCH OF JESUS CHR
 IST, INCORPORATED**

Principal Place of Business

Mailing Address

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

**1905 W. BOBE ST.
 PENSACOLA FL 32501**

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

59-3500677

Applied For

Not Applicable

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

RONNIE RICH
RONNIE RICH, PRESIDENT

1-6-02

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 **PT** ☐ Delete
 NAME **RICH, RONNIE R**
 STREET ADDRESS **8376 ASHLAND AVENUE**
 CITY-ST-ZIP **PENSACOLA FL 32533**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **HARRIS, CARSTELLA**
 STREET ADDRESS **902 CRYSTAL SPRINGS AVE**
 CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TT** ☐ Delete
 NAME **GIBSON, RONALD**
 STREET ADDRESS **312 TWISTED OAK**
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: *RONNIE RICH* **SIGNATURE REQUIRED** *RONNIE RICH 1-6-02 850-478-6906*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)