

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004744

1. Entity Name

RESURRECTION LIFE CHRISTIAN FELLOWSHIP INC.



FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90007 041 ****70.00

Principal Place of Business

Mailing Address

P O BOX 31238
JACKSONVILLE FL 32230

P O BOX 31238
JACKSONVILLE FL 32230

2. Principal Place of Business

6003 ROOSEVELT BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #3

City & State

JACKSONVILLE FL

City & State

4. FEI Number

59-3527861

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

WILLIAMS, EZEKIEL V
1810 HARBOR ISLAND DRIVE
ORANGE PARK FL 32073

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME WILLIAMS, EZEKIEL V
STREET ADDRESS 1810 HARBOR ISLAND DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition
NAME WILLIAMS, EZEKIEL V
STREET ADDRESS 1810 HARBOR ISLAND DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete
NAME WILLIAMS, PAULETTE M
STREET ADDRESS 1810 HARBOR ISLAND DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition
NAME WILLIAMS, PAULETTE M
STREET ADDRESS 1810 HARBOR ISLAND DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE TD ☐ Delete
NAME FITZPATRICK, EDDIE
STREET ADDRESS 3013 WAVERING LANE
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE D ☐ Delete
NAME FITZPATRICK, TERESA A
STREET ADDRESS 3013 WAVERING LANE
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE PD ☒ Delete
NAME WILLIAMS, EZEKIEL V
STREET ADDRESS 1810 HARBOR ISLAND DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

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

TITLE SD ☒ Delete
NAME WILLIAMS, PAULETTE M
STREET ADDRESS 1810 HARBOR ISLAND DRIVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/00

(904)-269-7319

Date

Daytime Phone #

CR2E037 (5/00)

Attachment
D#198000007
0077968

ADDITIONAL OFFICERS

V/D (DELETE)

WILLIAMS, JOHNNIE B.

P.O.BOX 331

LUDOWICI, GA 31316

D

WILLIAMS, ALFREDIA

P.O.BOX 331

LUDOWICI, GA 31316