5/4

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 01, 2000 8:00 am**
**Secretary of State**
05-04-2000 90063 001 ****61.25
05-04-2000 90063 002 *****8.75

DOCUMENT # N98000005773

1. Entity Name

RESTORATION AND HEALING INTERNATIONAL CHURCH INC

| Principal Place of Business | Mailing Address |
|---|---|
| 5811 ST. ELMO ST.<br>PENSACOLA FL 32503 | 5811 ST. ELMO ST.<br>PENSACOLA FL 32503-7745 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5811 St. Elmo | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PENSACOLA, FL 32503 | City & State |
| Zip: 32503 Country: ESCAMBIA | Zip / Country |

4. FEI Number: 59-3535437 ☐ 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 |
|---|---|
| HENINGBURG, ALICIA L<br>4600 MOBILE HWY 9 PMB 208<br>PENSACOLA FL 32506 | Name: ALICIA L. HENINGBURG<br>Street Address (P.O. Box Number is Not Acceptable): 1880 INTERSTATE CIRCLE<br>City: PENSACOLA, FL Zip Code: 32526 |

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: Alicia L. Heningburg — Alicia L. Heningburg — 4/15/00
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 | DC<br>HENINGBURG, ARNOLD PASTOR<br>4600 MOBILE HWY 9 PMB 208<br>PENSACOLA FL 32506 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ARNOLD HENINGBURG, PASTOR<br>1880 Interstate Circle<br>Pensacola, FL 32526 P/C/D | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MT<br>HENINGBURG, ALICIA L<br>4600 MOBILE HWY 9 PMB 208<br>PENSACOLA FL 32506 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Heningburg, Alicia (Pastor)<br>1880 Interstate Circle<br>Pensacola, FL 32526 V/D | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>RIVERA, JERRY C JR<br>4600 MOBILE HWY 9 PMB 208<br>PENSACOLA FL 32506 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T/D<br>Rivera, Jerry C. Jr<br>5811 St. Elmo St.<br>Pensacola, FL 32503 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LOPEZ, MARIA E<br>4600 MOBILE HWY 9 PMB 208<br>PENSACOLA FL 32506 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Lopez, Maria (Secretary) S/T<br>5811 St. Elmo St.<br>Pensacola, FL 32503 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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.

850

SIGNATURE: SIG ARNOLD HENINGBURG, Pastor — Arnold L. Heningburg — 4/15/00 — 944-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #