

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90413 049 ****70.00

DOCUMENT # N98000005773

1. Entity Name

RESTORATION AND HEALING INTERNATIONAL CHURCH INC

Principal Place of Business

5811 ST. ELMO ST.
 PENSACOLA FL 32503

Mailing Address

5811 ST. ELMO ST.
 PENSACOLA FL 32503

2. Principal Place of Business

5811 ST. ELMO ST

3. Mailing Address

5811 ST. ELMO ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3535437

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

HENINGBURG, ALICIA L
 4600 MOBILE HWY 9 PMB 208
 PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name **HENINGBURG, Alicia L.**
 Street Address (P.O. Box Number is Not Acceptable)
1880 Interstate Circle
 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 5-1-01

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

TITLE **DC** ☐ Delete
 NAME **HENINGBURG, ARNOLD PASTOR**
 STREET ADDRESS **4600 MOBILE HWY 9 PMB 208**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **MT** ☐ Delete
 NAME **HENINGBURG, ALICIA L**
 STREET ADDRESS **4600 MOBILE HWY 9 PMB 208**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **T** ☐ Delete
 NAME **RIVERA, JERRY C JR**
 STREET ADDRESS **4600 MOBILE HWY 9 PMB 208**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE **S** ☐ Delete
 NAME **LOPEZ, MARIA E**
 STREET ADDRESS **4600 MOBILE HWY 9 PMB 208**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **HENINGBURG, ARNOLD DC** ☒ Change ☐ Addition
 NAME **PASTOR**
 STREET ADDRESS **1880 Interstate Circle**
 CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE **Co-PASTOR** ☒ Change ☐ Addition
 NAME **HENINGBURG, Alicia MT**
 STREET ADDRESS **1880 Interstate Circle**
 CITY-ST-ZIP **Pensacola, FL 32526**

TITLE **TRUSTEE** ☒ Change ☐ Addition
 NAME **Jerry C. Rivera Jr T**
 STREET ADDRESS **5811 ST. Elmo ST**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **Trustee** ☒ Change ☐ Addition
 NAME **Elaine Green T**
 STREET ADDRESS **5811 ST. Elmo ST**
 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Maria E. Lopez S.**
 STREET ADDRESS **5811 ST. Elmo ST**
 CITY-ST-ZIP **Pensacola, FL 32503**

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: **ARNOLD HENINGBURG** **PASTOR** **850**
5-1-01 944-2911

CR2E037 (10/00)