

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90046 036 ****61.25

DOCUMENT # N99000006573

1. Entity Name

**RESTORATION OF LIFE MINISTRIES INTERNATIONAL, IN
CORPORATED**

Principal Place of Business

Mailing Address

**500 N. CONGRESS DR.
WELCOME CENTER
WEST PALM BEACH FL 33401**

**P.O. BOX 1911
WEST PALM BEACH FL 33402-1911**

2. Principal Place of Business

3. Mailing Address

2708 N. AUSTRALIAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

City & State

City & State

WEST PALM BEACH FL

Zip

Country

Zip

Country

33407

USA

4. FEI Number

65-0956630

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

**STUBBS, VALENCIA REV.
500 N. CONGRESS AVE., STE. 175
WEST PALM BEACH FL 33401**

Name **Rev. Valencia Stubbs**

Street Address (P.O. Box Number is Not Acceptable)
844 RYANWOOD DR.

City **WEST PALM BEACH**

FL

Zip Code
33413

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 **D** ☐ Delete
NAME **STUBBS, STEPHEN REV.**
STREET ADDRESS **844 RYANWOOD DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **D** ☐ Change ☒ Addition
NAME **SLEDGE, PHILLIP REV.**
STREET ADDRESS **1117 W. 32ND ST.**
CITY-ST-ZIP **RIVIERA BEACH, FL 33404**

TITLE **D** ☐ Delete
NAME **STUBBS, VALENCIA REV.**
STREET ADDRESS **844 RYANWOOD DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

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

TITLE **D** ☐ Delete
NAME **MCGHEE, ELIZABETH REV.**
STREET ADDRESS **647 NORTH ST.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: Stephen Stubbs

01/07/02

561 805-8750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)