

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90056 028 \*\*\*\*61.25

**DOCUMENT # N99000006573**



**1. Entity Name**  
**RESTORATION OF LIFE MINISTRIES INTERNATIONAL, IN  
CORPORATED**

**Principal Place of Business**  
**2708 N AUSTRALIAN AVENUE**  
**#3**  
**WEST PALM BEACH FL 33407**

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

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 65-0956630**

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**

**7. Name and Address of New Registered Agent**

**STUBBS, VALENCIA REV.**  
**844 RYANWOOD DRIVE**  
**WEST PALM BEACH FL 33413**

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. I am familiar with, and accept the obligations of registered agent.**

**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  
Florida 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**

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

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

☐ Change ☐ Addition  
**TITLE**  
**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**

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

☐ Change ☐ Addition  
**TITLE**  
**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 of Stephen Stubbs*

4/25/03

(561) 805-8750

CR2E037 (10/02)