

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90052 027 \*\*\*\*61.25

**DOCUMENT # 755009**

1. Entity Name

**NEW LIFE ASSEMBLY OF GOD OF LEHIGH ACRES, FLORID**

Principal Place of Business

Mailing Address

507 SUNSHINE BLVD.  
 LEHIGH FL 33971  
 US

507 SUNSHINE BLVD.  
 LEHIGH FL 33971-1422  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2126484**

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

**BASCHIERI, JOHN R.**  
**302 LAKE AVE.**  
**LEHIGH FL 33936**

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**

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  Delete  
 NAME **D**  
**BOGGS, JAMES**  
 STREET ADDRESS **418 CLAYTON**  
 CITY-ST-ZIP **LEHIGH FL 33936**

TITLE  Change  Addition  
 NAME **Director**  
**Ivan Cooper**  
 STREET ADDRESS **312 SE 27th Street**  
 CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE  Delete  
 NAME **D**  
**KING, JOSEPH**  
 STREET ADDRESS **3420 LEE BLVD.**  
 CITY-ST-ZIP **LEHIGH FL**

TITLE  Change  Addition  
 NAME **Director**  
**Jeff Westrick**  
 STREET ADDRESS **225 Ocean Park Drive**  
 CITY-ST-ZIP **Lehigh Acres, FL 33971**

TITLE  Delete  
 NAME **T**  
**KING, STANLEY**  
 STREET ADDRESS **409 LAKE AVE**  
 CITY-ST-ZIP **LEHIGH FL**

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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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**

**John R. Baschieri 3/16/00 941-369-6147**

Date

Daytime Phone #

CR2E037 (9/99)