

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

0011675

**DOCUMENT # 759156**

1. Entity Name

**NEW LIFE ASSEMBLY TABERNACLE, INC.**

03-14-2001 90005 019 \*\*\*\*61.25

Principal Place of Business

7326 NATE CIRCLE  
 JACKSONVILLE FL 32210

Mailing Address

7326 NATE CIRCLE  
 JACKSONVILLE FL 32210

2. Principal Place of Business

7109 Richardson Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

City & State

Zip

32209

Country

DUVAL

Country

4. FEI Number

59-2364122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERTS, NATHANIEL  
 7326 NATE CIRCLE  
 JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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

*NATHANIEL ROBERTS*

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 PD  
 NAME ROBERTS, NATHANIEL ☐ Delete  
 STREET ADDRESS 7326 NATE CIRCLE  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE TD  
 NAME ROBERTS, JOSEPHINE ☐ Delete  
 STREET ADDRESS 7326 NATE CIRCLE  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE SD  
 NAME STEVENSON, EARLENE R. ☒ Delete  
 STREET ADDRESS 7326 NATE CIRCLE  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 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:

*NATHANIEL ROBERTS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)