

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765815

1. Entity Name

NEW LIFE INTERNATIONAL OUTREACH CENTER, INC.

Principal Place of Business

2633 HARTSFIELD RD.
TALLAHASSEE FL 32303

Mailing Address

2633 HARTSFIELD RD.
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2426877

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

BURKE, TRAVIS
3612 HARWELL PL
TALLAHASSEE FL 32320

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BURKE, TRAVIS 3612 HARWELL PL. TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURKE, CALETO 3612 HARWELL PL. TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, LINDA RT 1 BOX 690 IRON CITY GA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCLANE, MELANIE 2315 A BRYNMAHR DR. TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUSOE, GEORGE 1656 SNOWBALL WAY TALLAHASSEE FL 32301	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Clyde Oliver P.O. Box 410075 Melbourne, FL 32941-0075	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Melanie McLane 4-26-01 850-386-6129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90050 002 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)