2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# 765815

Entity Name: NEW LIFE INTERNATIONAL OUTREACH CENTER, INC.

Current Principal Place of Business:

2633 HARTSFIELD RD.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2633 HARTSFIELD RD.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-2426877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, TRAVIS
3612 HARWELL PL
TALLAHASSEE, FL 32320 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BURKE, TRAVIS,
Address: 3612 HARWELL PL.
City-St-Zip: TALLAHASSEE, FL

Title: VD ( ) Delete
Name: BURKE, CALETO,
Address: 3612 HARWELL PL.
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: OLIVER, CLYDE
Address: P.O. BOX 410075
City-St-Zip: MELBOURNE, FL 329410075

Title: STD ( ) Delete
Name: MCLANE, MELANIE
Address: 2315 A BRYNMAHR DR.
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete
Name: DUSOE, GEORGE
Address: 1656 SNOWBALL WAY
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE MCLANE STD 04/30/2003

Electronic Signature of Signing Officer or Director — Date