

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90090 050 ****61.25

DOCUMENT # N00000005555

1. Entity Name

NEW LIFE CHRISTIAN CENTER, INC.

Principal Place of Business

**4101 S LOCKWOOD RIDGE ROAD
 SARASOTA FL 34231**

Mailing Address

**4101 S LOCKWOOD RIDGE ROAD
 SARASOTA FL 34231**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3666253

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

**REED, ROBERT D
 6439 FRIENDSHIP DRIVE
 SARASOTA FL 34241**

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

Rev. Robert Reed **Rev. Robert Reed**

2-1-02

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** Delete
 NAME **REED, ROBERT**
 STREET ADDRESS **1827 DIANE DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **D** Delete
 NAME **DANIELS, GILBERT**
 STREET ADDRESS **4132 BOYD LN**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **D** Delete
 NAME **STEUER, MICHAEL**
 STREET ADDRESS **2316 BELLHURST DR**
 CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** Delete
 NAME **REED, LORETTA**
 STREET ADDRESS **6439 FRIENDSHIP DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **D** Delete
 NAME **BURKHART, BRUCE**
 STREET ADDRESS **4768 HARRIS AVE**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** Delete
 NAME **BURKHART, KATHLEEN**
 STREET ADDRESS **4768 HARRIS AVENUE**
 CITY-ST-ZIP **SARASOTA FL 34233**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Change Addition
 NAME **KEN BOAZ**
 STREET ADDRESS **1722 Oakdale Ln. E.**
 CITY-ST-ZIP **Clearwater, FL, 33764-6439**

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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 STREET ADDRESS
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TITLE Change Addition
 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:

Rev. Robert Reed **Rev. Robert Reed**

2-1-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)