2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90032 031 ****70.00

DOCUMENT # N20179

1. Entity Name

NEW LIFE CHRISTIAN CENTER OF CRYSTAL RIVER, INC.

Principal Place of Business	Mailing Address
1151 N.W. HIGHWAY 19 (BEHIND HAYES MOTEL) CRYSTAL RIVER FL 34423 US	N. HWY 19 (BEHIND HAYES MOTEL) P.O. BOX 2767 CRYSTAL RIVER FL 34423 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4515 N. Tallahassee Road	PO Box 2767
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crystal River, FL	City & State: Crystal River, FL
Zip: 34428 Country: USA	Zip: 34423-2767 Country: USA

4. FEI Number 59-2773295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SININGER, DAVID B
200 N.E. 11TH STREET
P.O. BOX 904
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

Name: Sininger, David B
Street Address (P.O. Box Number is Not Acceptable): 5550 W. Woodside Dr.
City: Crystal River FL Zip Code: 34429-2689

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	~~ST~~ HUMPHREY, DOUGLAS M 6485 W RIVERBEND RD DUNNELLON FL 34433	☐ Delete	STO Humphrey, Douglas M 6485 W. Riverbend Rd. Dunnellon, FL 34433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SININGER, DAVID B ~~200 N.E. 11TH STREET~~ ~~CRYSTAL RIVER FL 34428~~	☐ Delete	P Sininger, David B. 5550 W. Woodside Dr. Crystal River, FL 34429-2689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, JOEL C 70 W CHINABERRY CT HOMOSASSA FL 34446	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BODENSTEIN, B. JAMES 24 HEUCHERA CT E HOMOSASSA FL 34446	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, JOEL C 7241 N TRANQUIL DRIVE CITRUS SPRINGS FL 34433	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DODGE, CHARLES E 9540 W CARAVAN PATH CRYSTAL RIVER FL 34428	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: David B. Sininger Pastor/President 4/19/2002 352-795-1324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #