## 2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # **N44431**

1. Entity Name

Principal Place of Business

SIGNATURE:

## NEW LIFE CHURCH MINISTRIES, INCORPORATED

1625 DERBYSHI HOLLY HILL FL US			1625 DERBYSHIRE RI HOLLY HILL FL 32117 US			1 (40)(110) (11) (12)	ili eleli 41889 iliği ilili elêli biri	ı AIAII 41831 BIAI	IA DIRAI INNI	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt.	#. etc.		Suite, Apt. #, etc	 D.			DO NOT WRITE IN THIS :	SPACE		
City & Stat	е		City & State			4. FEI Number 59	-3080595		oplied For ot Applicable	
Zip Country			Zip Cou		ntry	5. Certificate of St	atus Desired	\$8.75 Add		
·	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
					Name					
GOODEN, 809 PELICA DAYTONA	AN BAY DE				Street Addres	s (P.O. Box Number is	Not Acceptable)			
<b>D</b> , (110) <b>u</b> (	<b>50</b> (5) ( ) =				City		FL	Zip Cod	е	
8. The above	named entit	y submits this statement for	or the purpose of chang	ing its registere	ed office or regis	stered agent, or both, in	the state of Florida.			
SIGNATURE		or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature requ	rired when reinstating)	DATE			
				<del></del> .						
l	FILE NOW	/: FEE IS \$61.25	· I	on Campaign F Fund Contribut		\$5.00 May Be Added to Fees	Make Chec Departme			
10.		OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	l 10	
TITLE	D	☐ Delete		TITL	:			Change	☐ Addition	
	WIGGINS,			NAM				•		
STREET ADDRESS CITY-ST-ZIP	1717 MASON AVE #111 DAYTONA BEACH FL			ET ADDRESS -ST-ZIP						
TITLE	SD		☐ Delete	; TITL				☐ Change	☐ Addition	
NAME	SINGLETO			NAM						
STREET ADDRESS . CITY-ST-ZIP		BERLY CIRCLE BEACH FL 32117			ET ADDRESS -ST-ZIP					
TITLE	VD	DENOTITE GETTI	☐ Delete	TITL	:			☐ Change	☐ Addition	
- NAME		JR., BENJAMIN		- NAM	E			•		
STREET ADDRESS	1605 STO				ET ADDRESS					
CITY-ST-ZIP	DAYTONA	BEACH FL			-ST-ZIP		<del>"-</del>			
TITLE	D STALLING	, WALTER JR	☐ Delete					Change	☐ Addition	
	935 SCHO			NAM STRE	ET ADDRESS					
CITY-ST-ZIP		BEACH FL 32114			-ST-ZIP					
TITLE	PD		☐ Delete	TITL	:			Change	☐ Addition	
NAME	GOODEN,			NAM	Ε	•				
ĺ					ET ADDRESS				ļ	
CITY-ST-ZIP	DAYTONA	BCH FL 32117			-ST-ZIP		<u> </u>			
TITLE	POELL 10	ILIKI	☐ Delete					Change	☐ Addition	
NAME STREET ANDRESS	SPELL, JO 541 COLF			NAM STR	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		BEACH FL			-ST-ZIP					
12. I hereby indicated of the column	certify that the control on this reportion or the control or the c	ne information supplied wit ort or supplemental report in the receiver or trustee emp achment with all address,	s true and accurate and lowered to execute this	d that my signa report as requi	hiro chall have th	ne same legal ettect as:	if made under oath; that L	am an officei	r or director - I	

FILED Sep 08, 2002 8:00 am Secretary of State 09-08-2002 90129 010 \*\*\*\*61.25