

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 03, 2001 8:00 am**
Secretary of State

02-03-2001 90017 009 ****70.00

DOCUMENT # N93000004212

1. Entity Name

NEW LIFE CHRISTIAN MINISTRIES, INC.

Principal Place of Business

**1109 SE 7TH ST.
OKEECHOBEE FL 34974
US**

Mailing Address

**PO BOX 534
OKEECHOBEE FL 34973****709690**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3202331

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134**

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	LAMB, CHARLES E.	3617 SW 13TH TERR	OKEECHOBEE FL 34974	☐ Delete					☐ Change ☐ Addition
DT	LAMB, SHIRLEY	3617 SW 13TH TERR	OKEECHOBEE FL 34974	☐ Delete					☐ Change ☐ Addition
SD	LAMB, JOHN LINDSAY	1509 SAN DIEGO DR	DUNEDIN FL 34698	☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-23-2001 (863)467 0123**

Date

Daytime Phone #

CR2E037 (10/00)