

2002 UNIFORM BUSINESS REPORT (UBR)

0003679

DOCUMENT # N94000002496

1. Entity Name

THE NEW LIFE PENTECOSTAL CHURCH, AND TEEN MINISTRIES, INC.

Principal Place of Business

537 S. CENTRAL AVE.
APOPKA FL

Mailing Address

1049 S. CENTRAL AVE.
APOPKA FL 32703

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BARNES, BARBARA
1049 SOUTH CENTRAL AVE.
APOPKA FL 32703

REINSTATEMENT

02

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Barbara A. Barnes (PASTOR)

10-17-02

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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 D ☐ Delete
NAME BARNES, BARBARA A
STREET ADDRESS 1049 SOUTH CENTRAL AVE.
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☐ Delete
NAME BARNES, MASON
STREET ADDRESS 1049 SOUTH CENTRAL AVE.
CITY-ST-ZIP APOPKA FL 32703

TITLE D ☒ Delete
NAME SCOTT, LUCILLE
STREET ADDRESS 3335 HARRY ST
CITY-ST-ZIP APOPKA FL 32703

TITLE SD ☐ Delete
NAME BROWN, SITERA
STREET ADDRESS 735 S. LAKE AVE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 800008567598
STREET ADDRESS 10/24/02--01054--023 **236.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME ~~Wendell~~ Church Clerk
NAME Lesha L. Clark
STREET ADDRESS 103 W. Cleveland St.
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Barbara A. Barnes

10-17-02 407 880-5155

CR2E037 (4/02)