## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N94000002496

THE NEW LIFE PENTECOSTAL CHURCH, AND TEEN MINIST RIES, INC.



Principal Place of Business Mailing Address 11022729 537 S. CENTRAL AVE. 1049 S. CENTRAL AVE. apopka fl APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable \_ Zip Country\_\_\_\_\_ Zip Country\_\_\_\_\_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARNES, BARBARA Street Address (P.O. Box Number is Not Acceptable) 1049 SOUTH CENTRAL AVE. APOPKA FL 32703 City 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME BARNES, BARBARA A NAME STREET ADDRESS 1049 SOUTH CENTRAL AVE. STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition BARNES, MASON NAME NAME STREET ADDRESS 1049 SOUTH CENTRAL AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703

Delete Addition TITI F TITLE ☐ Change CLARK, LESHA L NAME NAME 103 W CLEVELAND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE ☐ Change BROWN, SITERA NAME NAME STREET ADDRESS 735 S. LAKE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF APOPKA FL 32703 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address with all other like empowered.

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Apr 28, 2003 8:00 am Secretary of State

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