

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90363 050 ****61.25

DOCUMENT # N98000003273

1. Entity Name

NEW LIFE WORLD OUTREACH MINISTRIES, INC.



Principal Place of Business

901 N.W. 129TH AVE., BLDG. 7, RM. 711
PEMBROKE PINES FL 33028

Mailing Address

17630 SW 32ND ST
MIRAMAR FL 33029

2. Principal Place of Business

6734 Pembroke RD
Suite, Apt. #, etc.
Pembroke Pines FL.

3. Mailing Address

6734 Pembroke RD.
Suite, Apt. #, etc.
Pembroke Pines FL.

City & State
33023 USA

Zip Country

City & State
33023 U.S.A.

Zip Country

4. FEI Number **65-0845173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, NATHANIEL F PASTOR
17630 S.W. 32ND. ST.
MIRAMAR FL 33029

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PATTERSON, NATHANIEL F**
STREET ADDRESS **17630 SW 32ND ST**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **VD** ☐ Delete
NAME **PATTERSON, CASSANDRA**
STREET ADDRESS **17630 SW 32ND ST**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **TD** ☒ Delete
NAME **RODGERS, RUTH**
STREET ADDRESS **1302 NE 191ST #514**
CITY-ST-ZIP **N. MIAMI BCH FL 33162**

TITLE **SD** ☐ Delete
NAME **HAMILTON, SANDRA**
STREET ADDRESS **17990 NW 22 CT**
CITY-ST-ZIP **MIAMI FL 33056**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **ISAAC Smith**
CITY-ST-ZIP **725 N.E 178 Terr. N.M.D. 33162**

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: *Nathaniel F. Patterson* **Nathaniel F. Patterson** 1-23-03

954-442-0349

CR2E037 (10/02)