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

DOCUMENT # 721702

1. Entity Name

New Life Fellowship International, Inc.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90082 006 ****70.00

| | | | 4 | V | GOD | WE THE | | | | |
|---|---|------------------------------|--|------------------|---------------|--|---|---------------------------------------|---------------------|---------------|
| | | | ing Address | | | | | | | |
| 2740 E MICHIGAN STREET 2 | | _ | 2740 E MICHIGAN STREET ORLANDO FL 32806 | | | 90017694 | | | | |
| | | | | | | | | | ALAIN ARRIN ALAIR A | |
| 2. Principal Place of Business 3. 1 | | | . Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | | 4. FEI Number Applied For 59-1552046 Not Applicable | | | |
| Zip | Country | Z | ip | Cou | intry | | 5. Certificate of St | | \$8.75 A | dditional |
| | 6. Name and Address of | red Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| | | | | | Name | | | | | |
| Croley, Stephen D 5101 Jetsail Drive | | | : | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| l | O FL 32812 | | | | | | | . | | . |
| | | | | | City | | : | F | Zip Co | de |
| 8. The above | e named entity submits this sta | tement for the our | pose of changing its | registere | ed office o | r registere | ed agent or both in t | | | |
| the obliga | itions of registered agent. | | or or or or one | , og , o , o , o | | - | ca agent, or ooth, in t | ne State of Florida. Ta | n iariillar with | , and accept |
| 01011471105 | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of regis | stered agent and title if ap | plicable. (NOTE | Registered | Agent signat | lure required | when reinstating) | DATE | | |
| | | | 1 | | | | | | | |
| ~ <i>E</i> 3 | FILE NOW: FEE IS \$61. | 25 | 9. Election Carr | npaign Fi | nancing | | \$5.00 May Be | Make Che | ck Payable | e to |
| e G | | Trust Fund Contribution. | | | Added to Fees | Florida Depa | | | | |
| 10, | € . OFFICE PS | AND DIRECTORS | | | | - | | | | <u> </u> |
| TITLE | PD | AND DINECTORS | Delete | 11. | - | <u>- </u> | IDDITIONS/CHANGE | S TO OFFICERS AND | | _/` |
| NAME: | CROLEY, STEPHEN D | | C Delete | NAME | | VP | | | Change | Addition |
| STREET ADDRESS | 5101 JETSAIL DRIVE | | | | T ADDRESS | | a Croley | | | |
| CITY-ST-ZIP | ORLANDO FL 32806 | | | CITY- | ST-ZIP | | 1 Jetsail | | | |
| TITLE | VC | | ☐ Delete | TITLE | | Orla | ando, FL S | 32812 | Change | Addition |
| NAME | BAKER, GARY | _ | | NAME | | 310. | ector Ante 1 Koval Co | ony Fothe | rgrit. | |
| STREET ADDRESS CITY-ST-ZIP | 5953 PARKVIEW POINT R | D | | | T ADDRESS | | ando, FL 3 | | | |
| | ORLANDO FL 32821 | | | CITY- | ST-ZIP | | | | | |
| TITLE NAME | TD HALL, RICHARD | | ☐ Delete | TITLE | | | ector Edwa | | Change | Addition |
| STREET ADDRESS | 555 LAKEFRONT BLVD | | | NAME | T ADDRESS | | Obispo Av ando, FL 3 | | | '` |
| CITY-ST-ZIP | WINTER PARK FL 32789 | | | CITY-S | | OTTO | ando, el 3 | 32007 | | |
| TITLE | VP | | ☐ Delete | TITLE | | | | · · · · · · · · · · · · · · · · · · · | | |
| NAME | DANIELS, SCOTT | | Detete | NAME | ľ | Dire | ector Jack | Fleming | ☐ Change | Addition |
| STREET ADDRESS | 5125 JETSAIL DRIVE | | | | ADDRESS | 1102 | 208 Clapp | Sims Duda | Road | · / |
| CITY-ST-ZIP | ORLANDO FL 32812 | | | CITY-S | ST-ZIP | Orla | ando, FL 3 cretary | 2832 | | |
| TITLE | SD | | Delete | TITLE | | Jet | <u> recary</u> | | ☐ Change | ☐ Addition |
| NAME . | DEAN, MILLSAPS | | \$ \$ | NAME | | | | | □ Allenãe | L.J Addition |
| | 3732 ROTHBURY DRIVE | | | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO FL 32812 | | | CITY-S | T-ZIP | | | | | |
| TITLE | • | | ☐ Delete | TITLE | | The co | rporate record | and image were | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | NAME | | | | 4 to correct an er | ror | |
| CITY-ST-ZIP | | | | | ADDRESS . | with the | FEI number. S | PT | | |
| | | | | CITY-S | 1-715 | | | | | Į. |

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:

01-30-03

407-89

CHZE03/ (10/0