

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739843

1. Entity Name

NEW LIFE FELLOWSHIP BAPTIST CHURCH, INC.

**FILED**  
Feb 28, 2000 8:00 am  
**Secretary of State**

02-28-2000 90025 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

970 TUSKAWILLA RD.  
WINTER SPRINGS FL 32708

970 TUSKAWILLA RD.  
WINTER SPRINGS FL 32708-4701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1765313

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MIKLER, ANDREW M  
9958 LAKE GEORGIA DR  
ORLANDO FL 32817

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	T	<input checked="" type="checkbox"/> Delete
NAME	MUMBERT, NEAL	
STREET ADDRESS	233 YARMOUTH RD	
CITY-ST-ZIP	FEAR PARK FL 32730	
TITLE	DE CHAIRMAN	<input type="checkbox"/> Delete
NAME	INCINELLI, VICTOR J	
STREET ADDRESS	5236 ALBERT DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VICE CHAIRMAN	<input type="checkbox"/> Delete
NAME	GRAWDALL, JIM CRAWDALL	
STREET ADDRESS	732 FRIAR RD	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PD DIRECTOR	<input type="checkbox"/> Delete
NAME	MILKER, ANDREW M	
STREET ADDRESS	9958 LAKE GEORGIA DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARCLAY, JAMES	
STREET ADDRESS	1219 CHEETAH TRAIL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIETH, KARI	
STREET ADDRESS	10380 AIRPLANT CIRCLE	
CITY-ST-ZIP	MIMS FL 32754	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOTH, RICHARD	
STREET ADDRESS	254 MORTON LANE	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-00

Date

407-644-7455

Daytime Phone #

CR2E037 (9/99)