

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90046 001 ****61.25

DOCUMENT # 752133

1. Entity Name

NEW LIFE ASSEMBLY OF GOD OF SOUTH WINTER HAVEN, INC.

Principal Place of Business

**1951 RIFLE RANGE RD.
 WINTER HAVEN FL 33880**

Mailing Address

**1951 RIFLE RANGE RD.
 WINTER HAVEN FL 33880**

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

59-2071291

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

**FARRER, JAMES
 1951 RIFLE RANGE RD.
 BARTOW FL 33880**

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, KENNETH R 580 HEATHER COURT BARTOW FL 33830	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, CHESTER 116 11TH STREET W. WINTER HAVEN FL 33880	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHEAD, KENNETH 807 TUSCANI WAY WINTER HAVEN FL 33880	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIRCHHEAD, IVA NELL 32 FOX LAKE RD. S. WINTER HAVEN FL 33880	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARRER, DIANE 4005 1/2 GANDY ROAD BARTOW FL 33830	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP FARRER, JAMES 1951 RIFLE RANGE RD. WINTER HAVEN FL 33880	☐ Delete

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

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:

James Farrer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 13, 2002 **863-324-5460**
 Date Daytime Phone #

CR2E037 (9/01)