## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED DOCUMENT # 755683** Jun 23, 2000 8:00 am 1. Entity Name **Secretary of State** NEW LIFE ALLIANCE CHURCH, INC. 06-23-2000 90107 023 \*\*\*\*61.25 Principal Place of Business Mailing Address 12265 INDIANTOWN RD 12265 INDIANTOWN ROAD JUPITER FL 33478-4633 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1708150 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) BAUR, J SCOTT 12265 INDIAN TOWER RD JUPITER FL 33478 City Zip Code 8. The above named eatity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition TITLE VD `**X** Delete TITLE Director) - Change R.6 Prevderoust NAME VARELLA, DAVID. NAME 17378 SENTIMENTA! STREET ADDRESS STREET ADDRESS 4103 DAKOTA PL CITY-ST-ZIP Unpirez FL 33458 CITY-ST-ZIP PALM BCH GDNS FL Ralph Nettles (Director) Change Delete TITLE MAME MATHIS, E. DEWEY NAME 17265 Jupiter- Farems Road STREET ADDRESS 16040 MELLEN LANE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Jupiter Fr 33478 JUPITER FL 33478 TITLE PD ☐ Delete TITLE Change Addition NAME PENNELL, STEVE NAME STREET ADDRESS 12265 INDIANTOWN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 ☐ Addition TITLE ☐ Delete TITLE Change BAUR, SCOTT NAME STREET ADDRESS STREET ADDRESS 16887 96 TERR. N. CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33478 Change ☐ Addition TITLE Delete NAME VARELL, SUE NAME STREET ADDRESS STREET ADDRESS 4103 DAKOTA PL CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 synty all other like empowered. Scort Bour