

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2000 08:00 AM
Secretary of State

DOCUMENT # 756995

1. Entity Name

NEW LIFE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

6380 BAYBERRY ST.

6380 BAYBERRY ST.

MILTON
32570

FL

MILTON
32570

FL

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

59-2042085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDGOOD DOUG
6186 KATRINA DRIVE

MILTON
32570

FL

US

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.)

04/30/2000

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
TD
LEE RICK
6911 CEDAR RIDGE CR
MILTON FL 32570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PMD
LEE RICK
6911 CEDAR RIDGE CR
MILTON FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PMD
ROPELLA PAT
6988 PINE BLOSSOM RD
MILTON FL 32570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PMD
WOOTEN JACOB
10010 HIGHWAY 87 NORTH
MILTON FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FULLER MELVIN
831 ORIOLE STREET
MILTON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
POLLARD BILLY
5431 COTTONWOOD DRIVE
MILTON FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PMD
PENNINGTON DOUG
600 S ALABAMA ST
MILTON FL 32570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GILLIS HOWIE
5820 CREPE MYRTLE
MILTON FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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.