

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90075 048 ****70.00

DOCUMENT # 759269

1. Entity Name

NEW LIFE FELLOWSHIP ASSEMBLIES OF GOD CHURCH, IN

Principal Place of Business

Mailing Address

8450 HWY. 97
 P.O. BOX 56
 WALNUT HILL FL 32568

8450 HWY. 97
 P.O. BOX 56
 WALNUT HILL FL 32568-0056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City, & State

4. FEI Number

59-2241293

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STOKES, BENNIE
8450 HWY 97
WALNUT HILL FL 32568

Name

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

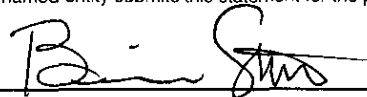
City

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



Bennie Stokes

3/9/00

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	PD	<input type="checkbox"/> Delete
NAME	STOKES, BENNIE	
STREET ADDRESS	ROUTE 1, BOX 104	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAHAM, HERMAN	
STREET ADDRESS	6101 ARTHUR BROWN ROAD	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, RUBY	
STREET ADDRESS	8130 PINE FOREST ROAD	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON, BRENDA	
STREET ADDRESS	11009 HWY. 97	
CITY-ST-ZIP	WALNUT HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2525 Purdue Rd	
CITY-ST-ZIP	McDavid FL 32568	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Hare	
STREET ADDRESS	6350 Arthur Brown Rd	
CITY-ST-ZIP	Walnut Hill FL 32568	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8450 Hwy 97	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James America	
STREET ADDRESS	28 Dogwood PL	
CITY-ST-ZIP	Atmore AL 36502	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Lamb	
STREET ADDRESS	6871 Miller Rd	
CITY-ST-ZIP	Walnut Hill FL 32568	

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:

BENNIE STOKES **Bennie Stokes**

3/9/00

850-327-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)