

2001 UNIFORM BUSINESS REPORT (UBR)

5/1:

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-15-2001 90190 005 ****61.25

DOCUMENT # 760134

1. Entity Name

NEW LIFE CHRISTIAN CENTER OF TAMPA, INC.

Principal Place of Business

109 APRIL LANE
TAMPA FL 33613

Mailing Address

109 APRIL LANE
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

18002 Clear Lake Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lutz FL

Zip

Country

Zip

Country

33549

USA

4. FEI Number

59-2347581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, DEBRA
18723 GERACI RD.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

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

18002 Clear Lake Drive

City

Lutz

FL

Zip Code

33549

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

Larry Henley
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/15/01

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIGGINS, JAMES A	
STREET ADDRESS	18723 GERACI RD.	
CITY-ST-ZIP	LUTZ FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HIGGINS, DEBRA N	
STREET ADDRESS	18723 GERACI RD.	
CITY-ST-ZIP	LUTZ FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HENLEY, LARRY	
STREET ADDRESS	18002 CLEAR LAKE DRIVE	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James A. Higgins	
STREET ADDRESS	9404 Chesapeake Drive	
CITY-ST-ZIP	Brentwood, TN 37027	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debra N. Higgins	
STREET ADDRESS	9404 Chesapeake Drive	
CITY-ST-ZIP	Brentwood TN 37027	
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		

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:

Debra N. Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

615 370 2336
Daytime Phone #

CR2E037 (10/00)