

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 760134

FILED
May 13, 2002 8:00 AM
Secretary of State

Entity Name: NEW LIFE CHRISTIAN CENTER OF TAMPA, INC.

Current Principal Place of Business:

109 APRIL LANE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

18002 CLEAR LAKE DR
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-2347581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENLEY, LARRY
18002 CLEAR LAKE DRIVE
LUTZ, FL 33549

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HIGGINS, JAMES A,
Address: 9404 CHESAPEAKE DRIVE
City-St-Zip: BRENTWOOD, TN 37027

Title: VD () Delete
Name: HIGGINS, DEBRA N,
Address: 9404 CHESAPEAKE DRIVE
City-St-Zip: BRENTWOOD, TN 37027

Title: STD () Delete
Name: HENLEY, LARRY
Address: 18002 CLEAR LAKE DRIVE
City-St-Zip: LUTZ, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA N. HIGGINS

VD

05/13/2002

Electronic Signature of Signing Officer or Director

Date