

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90088 037 ****61.25

DOCUMENT # 766662

1. Entity Name

NEW LIFE DWELLING PLACE, INC.



Principal Place of Business

**3108 W AZEELE ST
TAMPA FL 33609-3059
US**

Mailing Address

**3108 W AZEELE ST
TAMPA FL 33609-3059
US**

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 **59-2274681**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CFRA, LLC,
ONE HARBOUR PLACE
777 S. HARBOR ISLAND BLVD., 5TH FLOOR
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HORNE, POLLY**
STREET ADDRESS **4442 RANCHWOOD LANE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **PD** ☒ Change ☐ Addition
NAME **CARRILLO, DONNA**
STREET ADDRESS **2107 W. Minnehaha St.**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE **TD** ☐ Delete
NAME **OWI, NEWTON**
STREET ADDRESS **4713 CLEAR AVE W**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **SD** ☒ Delete
NAME **HOLMES, VAN**
STREET ADDRESS **1006 GIGGLESWICK LANE**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **SD** ☒ Change ☐ Addition
NAME **Liz Hopkins**
STREET ADDRESS **2220 Wildwood Hollow Dr.**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **ED** ☐ Delete
NAME **DAGOSTINO, PAUL**
STREET ADDRESS **3108 W AZEELE ST**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Paul Dagostino

1-28-03 813-673-4646

CF2E037 (10/02)