

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F00000001778**

1. Entity Name

New Life Spiritual Renewal Centers, Inc.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90031 038 ****61.25

Principal Place of Business

Mailing Address

820 W. Spring Creek Pkwy. #400
Plano TX 75023

ADU45513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-284 5878

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Priscilla Kelly
1850 Lee Rd. #323
Winter Park FL 32789

7. Name and Address of New Registered Agent

Name *Vanessa Kent*

Street Address (P.O. Box Number is Not Acceptable)
902 E. Blount St.

City *Pensacola*

FL

Zip Code *32503*

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

Vanessa Kent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/01

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Steve Arterburn</i> <i>Director & Pres.</i> <i>570 Glenneyre #107</i> <i>Laguna Beach CA 92651</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Don Cartmell</i> <i>258 Green Heath Pl.</i> <i>Thousand Oaks CA 91301</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>John Baker</i> <i>23450 Madero, #100</i> <i>Mission Viejo CA 92691</i>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Diane Gresham</i> <i>820 W. Spring Creek Pkwy. #400</i> <i>Plano TX 75023</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Nancy Brown</i> <i>2100 Manchester Rd. #1510</i> <i>Wheaton, IL 60187</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Paul Meier, M.D.</i> <i>2099 N. Collins Bl. #100</i> <i>Richardson TX 75080</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Diane Gresham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/01

972/424-1900

CR2E037 (11/00)