

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

FILED
Jun 27, 2002 8:00 am
Secretary of State

06-27-2002 90184 038 ****61.25

DOCUMENT # *F000000001778*

1. Entity Name

New Life Spiritual Renewal Centers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2100 Manchester Rd

Suite, Apt. #, etc.

Suite 1510

City & State

Wheaton, IL

Zip
60187

Country
USA

3. Mailing Address

2100 Manchester Rd

Suite, Apt. #, etc.

Suite 1510

City & State

Wheaton, IL

Zip
60187

Country
USA

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4. FEI Number

75-2845878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Vanessa Kent*

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

902 East Blount Street

City

Pensacola

FL

Zip Code
32503

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY- ST- ZIP
President
Nancy Brown
2100 Manchester Rd., Ste 1510
Wheaton, IL 60187

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Secretary
Paul Meier, M.D.
2099 N. Collins Blvd, #100
Richardson, TX 75080

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Chief Financial Officer
Heather Gandy
2100 Manchester Rd, #1510
Wheaton, IL 60187

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy Brown Nancy Brown, President 6/13/02 (630) 653-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)