F00000001778

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status	(Requestor's Name)			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status				
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL			
(Document Number) Certified Copies Certificates of Status				
Certified Copies Certificates of Status	(Business Entity Name)			
Certified Copies Certificates of Status				
	(Document Number)			
Special Instructions to Filing Officer:	Certified Copies Certificates of Status			
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.	Consideration to Ellino Office			
	Special Instructions to Filing Officer:			
t e e e e e e e e e e e e e e e e e e e				

Office Use Only



100031324601

04/01/04--01030--006 **35.00

FILED

04 MAR 31 AH II: 2

SECRETARY OF STAT

TRANSMITTAL LETTER

TO: Amendment Section				
Division of Corporations	÷			_
SUBJECT: New Life Spiritual Ren	newal Centers, Inc			
	(Name of corporation)			<u> </u>
DOCUMENT NUMBER: F0000	0001778			
The enclosed withdrawal applicati	ion and fee are submitted	for filing.		٠
Please return all correspondence commatter to the following:	ncerning this			
	Heather Gandy	•		
	(Name of Perso	n)		
	Meier Clinics Founda	ition		
	(Firm/Compan	y)	· · · · · · · · · · · · · · · · · · ·	
	2100 Manchester Rd., St	uite 1510		
	(Address)			-
<u> </u>	Wheaton, IL 601		-	
	(City/State and Zip	code)		
For further information concerning	this matter, please call:			•
Heather Gandy	at (630) 653-1717		
(Name of Person)	(Are	a Code & Daytime T	elephone Number	r)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

New Life Spiritual Renewal Centers, Inc.	
(Name of C	Corporation)
	; · -
Toggggggggg	
F0000001778 (Document Number of	Corporation (if known)
(Document Namoes of	Corporation (it known)
California	
(Incorporated	Under Laws of)
This corporation is no longer transacting business or co	onducting affairs within the State of Florida and hereby
voluntarily surrenders its authority to transact business of	
This corporation revokes the authority of its registere	d agent in Florida to accept service on its behalf and
	of process based on a cause of action arising during the
time it was authorized to transact business or conduct af	fairs in Florida.
	AR 3
The following is a current mailing address for the corpo	
2100 Manchester Road, Suite 1510	SEE O
	Address)
(
	필속 :
Wheaton, IL 60187	₹ ₽ 8
(City/ St	ate /Zip)
The corporation agrees to notify the Department of State	e in the future of any change in its mailing address.
	/ /
Huth Garah	3/20/04
(Signature of a director, president of other officer - if in the hands receiver or other court appointed fiduciary, by that fiduciary)	of a (Date)
receiver of other court appointed fledelady, by that fledelady)	
Heather Gandy	Chief Financial Officer
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35