

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90256 011 ****61.25

DOCUMENT # F00000001778

1. Entity Name
NEW LIFE SPIRITUAL RENEWAL CENTERS, INC.



Principal Place of Business

**2100 MANCHESTER ROAD
SUITE 1510
WHEATON IL 60187**

Mailing Address

**2100 MANCHESTER ROAD
SUITE 1510
WHEATON IL 60187**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 75-2845878

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KENT, VANESSA
902 EAST BLOUNT STREET
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **BROWN, NANCY**
STREET ADDRESS **2100 MANCHESTER ROAD, SUITE 1510**
CITY-ST-ZIP **WHEATON IL 60187**

TITLE **S** ☐ Delete
NAME **MEIER, PAUL D M.D.**
STREET ADDRESS **2099 N. COLLINS BLVD., STE. 100**
CITY-ST-ZIP **RICHARDSON TX 75080**

TITLE **CFO** ☐ Delete
NAME **GANDY, HEATHER**
STREET ADDRESS **2100 MANCHESTER RD. #1510**
CITY-ST-ZIP **WHEATON IL 60187**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: HEATHER GANDY **REQUIRED** Heather Gandy 4/30/03 630-653-1217

CR2E037 (10/02)