

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000006549

FILED
Sep 11, 2002
Secretary of State

Entity Name: NEW LIFE FULL GOSPEL NONDENOMINATIONAL, INC.

Current Principal Place of Business:

49 WALNUT BLVD.
PETERSBURG, VA 23805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3405
PETERSBURG, VA 23805

New Mailing Address:

FEI Number: 54-1552943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, MONICA
6401 NW 29TH ST.
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

MARTIN, MONICA
1447 SUSSEX DR.
NORTH LAUDERDALE, FL 33068 US

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:

09/11/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WILSON, DOUGLAS
Address: 1910 BOGESE DR.
City-St-Zip: PETERSBURG, VA 23805

Title: VC () Delete
Name: WILSON, MAXINE
Address: 1910 BOGESE DR.
City-St-Zip: PETERSBURG, VA 23805

Title: D () Delete
Name: WILLIAMSON, RICHARD
Address: 2528 CRESTWOOD AVENUE
City-St-Zip: PETERSBURG, VA 23805

Title: D () Delete
Name: WOODLOE, JAMEL S
Address: 1875 COGGIN STREET
City-St-Zip: PETERSBURG, VA 23805

Title: D () Delete
Name: JOHNSON, MICHELLE A
Address: 4400 WOODSTREAM DR
City-St-Zip: PETERSBURG, VA 23805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS WILSON

C

09/11/2002

Electronic Signature of Signing Officer or Director

Date