

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2001 8:00 am**
Secretary of State

01-26-2001 90150 021 ****61.25

DOCUMENT # N00000003328

1. Entity Name

NEW LIFE COVENANT CHURCH, INC.

Principal Place of Business

Mailing Address

~~25203 NORTH LAKE DRIVE~~
SANFORD FL 32773~~25203 NORTH LAKE DRIVE~~
SANFORD FL 32773

2. Principal Place of Business

4304 LOGAN Heights Cr.

3. Mailing Address

4304 Logan Heights Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

SANFORD FL

Zip

32773

Country

Zip

32773

Country

4. FEI Number

59-3647715

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM L
25203 NORTH LAKE DRIVE
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name

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

4304 Logan Heights Circle

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.

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 \$61.259. 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 ☐ Delete**P, D**
SULLIVAN, WILLIAM L
25203 NORTH LAKE DRIVE
SANFORD FL 32773TITLE NAME ☐ Delete**T**
Sullivan, Frances M.
4304 Logan Heights Circle
Sanford, FL 32773TITLE NAME ☐ Delete**T**
Riley, Jeff
2201 Howard Street
Winter Park, FL 32789TITLE NAME ☐ Delete**T**
Barfield, Jean
2921 Nobleton St.
Deltona, FL 32773TITLE NAME ☐ DeleteTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteTITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition**4304 LOGAN Heights Circle**TITLE NAME ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
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)(f), 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 another like empowered.

SIGNATURE:

WILLIAM L. SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 330-1986

CR2E037 (10/00)