

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

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90036 044 ****61.25

DOCUMENT # N00000003328

1. Entity Name

NEW LIFE COVENANT CHURCH, INC.



Principal Place of Business

**4304 LOGAN HEIGHTS CR.
SANFORD FL 32773**

Mailing Address

**4304 LOGAN HEIGHTS CR.
SANFORD FL 32773**

2. Principal Place of Business

1640 - DORSET DR

3. Mailing Address

1640 DORSET DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT DORA FL

City & State

MT. DORA FL

Zip

32757

Country

LAKE

Zip

32757

Country

LAKE



☒ CHECK HERE IF MAKING CHANGES

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

**4304 LOGAN HEIGHTS CR.
SANFORD FL 32773**

**1640 - DORSET DR
MT. DORA FL
32757**

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
After September 10, 2003, min will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, WILLIAM L	
STREET ADDRESS	4304 LOGAN HEIGHTS CR.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	T	<input type="checkbox"/> Delete
NAME	SULLIVAN, FRANCES M	
STREET ADDRESS	4304 LOGAN HEIGHTS CR.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	T	<input type="checkbox"/> Delete
NAME	RILEY, JEFF	
STREET ADDRESS	2201 HOWARD ST.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARFIELD, JEAN	
STREET ADDRESS	2921 NOBLETON ST.	
CITY-ST-ZIP	DELTON FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN WILLIAM L	
STREET ADDRESS	1640 - DORSET DR	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN FRANCES M	
STREET ADDRESS	1640 - DORSET DR	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

WILLIAM L SULLIVAN *W. L. Sullivan* **7/11/03 352-7355362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)