

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90090 050 \*\*\*\*61.25

**DOCUMENT # N00000005555**

1. Entity Name

**NEW LIFE CHRISTIAN CENTER, INC.**

Principal Place of Business

Mailing Address

**4101 S LOCKWOOD RIDGE ROAD  
 SARASOTA FL 34231**

**4101 S LOCKWOOD RIDGE ROAD  
 SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3666253**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REED, ROBERT D  
 6439 FRIENDSHIP DRIVE  
 SARASOTA FL 34241**

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.

SIGNATURE

*Rev Robert Reed*  
 Signature, typed or printed name of registered agent and title if applicable.

*Rev. Robert Reed*

(NOTE: Registered Agent signature required when reinstating)

DATE

*2-1-02*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **REED, ROBERT**  
 STREET ADDRESS **1827 DIANE DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **D** ☐ Change ☒ Addition  
 NAME **KEN BOAZ**  
 STREET ADDRESS **1722 Oakdale Ln. E.**  
 CITY-ST-ZIP **Clearwater, FL 33764-6439**

TITLE **D** ☐ Delete  
 NAME **DANIELS, GILBERT**  
 STREET ADDRESS **4132 BOYD LN**  
 CITY-ST-ZIP **PALM HARBOR FL 34685**

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

TITLE **D** ☐ Delete  
 NAME **STEUER, MICHAEL**  
 STREET ADDRESS **2316 BELLHURST DR**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE **D** ☐ Delete  
 NAME **REED, LORETTA**  
 STREET ADDRESS **6439 FRIENDSHIP DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **D** ☐ Delete  
 NAME **BURKHART, BRUCE**  
 STREET ADDRESS **4768 HARRIS AVE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

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

TITLE **D** ☐ Delete  
 NAME **BURKHART, KATHLEEN**  
 STREET ADDRESS **4768 HARRIS AVENUE**  
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Change ☐ 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:

*Rev Robert Reed*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-1-02*

CR2E037 (9/01)