

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005639

1. Entity Name

NEW LIFE IN THE WORD OF GOD INC.

FILED
Jul 31, 2001 8:00 am
Secretary of State

05-16-2001 90181 007 ****71.25

Principal Place of Business
4902 SOUTH 84TH ST.
TAMPA FL 33619-7116

Mailing Address
4902 SOUTH 84TH ST.
TAMPA FL 33619-7116

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3568535 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, KATIE M
4902 SOUTH 84TH ST.
TAMPA FL 33619-7116

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.

SIGNATURE

Katie M Wright
Katie M Wright

Katie M Wright
(NOTE: Registered Agent signature required when registering)

7/8/01
DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE	Pastor	<input type="checkbox"/> Delete
NAME	Katie M Wright	
STREET ADDRESS	4902 So. 84th St. Tampa, FL 33619	
CITY-ST-ZIP		
TITLE	Deacon	<input type="checkbox"/> Delete
NAME	Alphelia Wright (T)	
STREET ADDRESS	4902 So. 84th St. Tampa FL 33619	
CITY-ST-ZIP		
TITLE	Sec/Treasurer	<input type="checkbox"/> Delete
NAME	Celina Wilson (T)	
STREET ADDRESS	5206 So. 84th St Tampa FL 33619	
CITY-ST-ZIP		
TITLE	Clerk	<input type="checkbox"/> Delete
NAME	Cris. Arline (T)	
STREET ADDRESS	2412 12th Ave Tampa FL 33606	
CITY-ST-ZIP		
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		<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		
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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:

Katie M Wright
Katie M Wright (Pastor)

7/8/01 813 677 5097

CR2E037 (5/01)

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TAMPA FL 33619-7116**

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Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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4902 SOUTH 84TH ST.
TAMPA FL 33619-7116**

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

Katie M. Wright Pastor *Katie M. Wright* *4/18/01*

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor Katie M. Wright 4902 So. 84th St Tampa FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon Alphelia Wright 4902 So 84th St. Tampa FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Celina Wilson 5206 So. 84th St Tampa FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clerk Cris. Aline 2412 15th Ave Tampa FL 33605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: *Katie M. Wright* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)