## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 31, 2001 8:00 am DOCUMENT # N0000005639 **Secretary of State** 1. antity Name 05-16-2001 90181 007 \*\*\*\*71.25 NEW LIFE IN THE WORD OF GOD INC. Principal Place of Business Mailing Address 4902 SOUTH 84TH ST. 4902 SOUTH 84TH ST. TAMPA FL 33619-7116 TAMPA FL 33619-7116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WRIGHT, KATIE M 4902 SOUTH 84TH ST. TAMPA FL 33619-7116 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State After September 12, 2001, min. will be \$236.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE Change NAME NAME Katre M. Wright STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE · Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

HENERIUME DIELERUMEPALTON

7/2/01 81.

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City & State  City & State  Zip  Country  Zip  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  Name  WRIGHT, KATIE M  4902 SOUTH 84TH ST.  TAMPA FL 33819-7116  Street Address (P.O. Box Number is Not Acceptable  City  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 Flo  SIGNATURE  Signature, typed or printed name of registered agent and title it approache.  (NOTE: Registered Agent Jignature required when rainstating)	e) Zip Code
4902 SOUTH 84TH ST. TAMPA FL 33619-7116  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  DO NOT WRITE  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  5. Cartificate of Status Desired  6. Name and Address of Current Registered Agent  Name  WRIGHT, KATIE M  4902 SOUTH 84TH ST. TAMPA FL 33619-7116  City  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 Flo  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  CITY  CIT	Applied For Not Applicable  \$8.75 Additional Fee Required  Registered Agent  Zip Code
Suite, Apt. #, etc.  City & State  Country  City  City  Street Address (P.O. Box Number is Not Acceptable  City  City  City  Signature  Signature  Signature  Signature  Signature  Signature  Country  City  City  City  City  Signature  Signature  Signature  Country  Country  Country  Country  Country  Country  City  Ci	Applied For Not Applicable  \$8.75 Additional Fee Required  Registered Agent  Zip Code
City & State  A. FEI Number  59-3518535  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New R  WRIGHT, KATIE M  4902 SOUTH 84TH ST.  TAMPA FL 33619-7116  City  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 Flo  SIGNATURE  Signature, typed or printed name of registered agent and tibe it appleable.  (NOTE: Registered Agent Jignature required when rainstating)	Applied For Not Applicable  \$8.75 Additional Fee Required  Registered Agent  Zip Code
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FEE IS \$61.25 Trust Fund Contribution. Added to Fees Deg	e Check Payable to partment of State
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICER	
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The Secretary Transport 1 00000 miles	Change Addition
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