

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

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 049 ****61.25

DOCUMENT # **N 000000006813** ✓
1. Entity Name
NEW LIFE DEVELOPMENT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1451 M+HERMAN ST
Suite, Apt. #, etc.

3. Mailing Address
1451 M+HERMAN ST
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32209

Country
USA

Zip
32209

Country
USA

4. FEI Number
593673995

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BAKER, ROLAND
11630 THORNAPPLE DR.
JACKSONVILLE FL 32223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCLEOD, CHARLES
1222 STEELE CT., #3
JACKSONVILLE FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JOHNSON, ALFRED
7588 JOHN F. KENNEDY DR. EAST
JACKSONVILLE FL 32209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
TURNER, FOSTER JR.
3230 ERNEST ST.
JACKSONVILLE FL 32205** ☐ Delete

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NAME
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☐ Delete

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Roland Baker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/6/02 904-353-9883

Date

Daytime Phone #

CR2E037B (12/01)