

DOCUMENT # N00454

1. Entity Name

NEW LIFE BAPTIST CHURCH OF FORT MEADE, FLORIDA,

Principal Place of Business Mailing Address
214 NW 1ST ST 214 NW 1ST ST
PO BOX 126 PO BOX 126
FT MEADE FL 33841 FT MEADE FL 33841

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BROWN, FLETCHER
124 N. BREVARD AVENUE
ARCADIA FL 33821

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

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

TITLE PD ☐ Delete
NAME CANNON, JACKSON
STREET ADDRESS 369 BROOK ROAD SOUTH
CITY-ST-ZIP FT. MEADE FL

TITLE SD ☒ Delete
NAME WHITTLE, KATHERINE P.
STREET ADDRESS 216 NW 1ST ST
CITY-ST-ZIP FT. MEADE FL

TITLE TD ☐ Delete
NAME GRUNHOLZER, BETTY
STREET ADDRESS 216 NW 1ST ST
CITY-ST-ZIP FT. MEADE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SD ☒ Change ☐ Addition
NAME Mary Frances Lewis
STREET ADDRESS 13 Sand MT RD
CITY-ST-ZIP FT Meade, FL 33841-3201

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

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

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

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: Mary Frances Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 (863)285-9037
Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90064 007 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0398875 Applied For
Not Applicable

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

CR2E037 (10/00)