

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90015 009 \*\*\*\*61.25

**DOCUMENT # N00454**

1. Entity Name

**NEW LIFE BAPTIST CHURCH OF FORT MEADE, FLORIDA, INC.**

Principal Place of Business

**214 NW 1ST ST  
 PO BOX 126  
 FT MEADE FL 33841**

Mailing Address

**214 NW 1ST ST  
 PO BOX 126  
 FT MEADE FL 33841**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0398875**

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

**BROWN, FLETTCHER  
 124 N. BREVARD AVENUE  
 ARCADIA FL 33821**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition  
 NAME **PARRISH, JOE**  
 STREET ADDRESS **1505 PARRISH ROAD**  
 CITY-ST-ZIP **FT. MEADE, FL. 33841**

TITLE **SD** ☐ Delete  
 NAME **LEWIS, MARY FRANCES**  
 STREET ADDRESS **13 SAND MT RD**  
 CITY-ST-ZIP **FORT MEADE FL 33841-3201**

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 REQUIRED** **Mary Frances Lewis** 1-9-2002 863-285-9037  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)