2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-10-2003 90123 024 ****61.25

DOCUMENT # N01000000539

1. Entity Name
NEW LIFE COMMUNITY CHURCH OF LAKELAND, INC.

Principal Place of Business	Mailing Address
5015 S FLORIDA AVE. STE 404 LAKELAND FL 33813	5015 S FLORIDA AVE. STE 404 LAKELAND FL 33813

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
84 Lake Wire Drive Suite, Apt. #, etc.	84 Lake Wire Drive Suite, Apt. #, etc.
City & State: Lakeland FL	City & State: Lakeland FL
Zip: 33815 Country:	Zip: 33815 Country:

4. FEI Number 63-2110112 ☐ Applied For ☐ Not Applicable

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
ELLIS, KENNETH E 1419 PINEWOOD AVE LAKELAND FL 33803	Name: Ellis, Kenneth E. Street Address (P.O. Box Number is Not Acceptable): 5593 Moon Valley Drive City: Lakeland FL Zip Code: 33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kenneth E. Ellis 1/7/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ELLIS, KENNETH E 1419 PINEWOOD AVE LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ellis, Kenneth E. 5593 Moon Valley Drive Lakeland, FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRICKHOUSE, GARY 3126 THOROUGHBRED LOOP LAKELAND FL 33811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PEARCE, SCOTT 2635 HIGHLAND VUE PKWY LAKELAND FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Scott Pearce 5833 High Ridge Loop Lakeland, FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STARK, PAT S 3139 STONEWATER DRIVE LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vicki Ogg 4505 Laurel Pointe Dr. Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STARK, ROBERT A 1126 RIDGEGREEN LOOP LAKELAND FL 33809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, JENNIFER S 1419 PINEWOOD AVENUE LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jennifer Ellis 5593 Moon Valley Dr. Lakeland, FL 33813	☒ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 1/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #