

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90032 033 \*\*\*\*61.25

**DOCUMENT # N01000000612**

1. Entity Name

NEWCHURCH, INC.

Principal Place of Business

5892 PINE GROVE RUN  
 OVIEDO FL 32765

Mailing Address

5892 PINE GROVE RUN  
 OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

P.O. Box 622111

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Oviedo, Florida

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32765

USA

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

BOLDEN, WILLIAM R  
 5892 PINE GROVE RUN  
 OVIEDO FL 32765

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 D ☐ Delete  
 NAME BOLDEN, WILLIAM  
 STREET ADDRESS 5892 PINE GROVE RUN  
 CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☐ Change ☒ Addition  
 NAME Richard Mays  
 STREET ADDRESS 200 Lake Mills Road  
 CITY-ST-ZIP Chuluota, FL 32716

TITLE D ☒ Delete  
 NAME BRADFORD, MARK  
 STREET ADDRESS 1814 CEDAR GLEN  
 CITY-ST-ZIP APOPKA FL 32712

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

TITLE D ☐ Delete  
 NAME BOLDEN, TRACI  
 STREET ADDRESS 5892 PINE GROVE RUN  
 CITY-ST-ZIP OVIEDO FL 32765

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2502 407-468-8500

Date

Daytime Phone #

CR2E037 (9/01)