

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000000612

FILED
Mar 02, 2003
Secretary of State

Entity Name: NEWCHURCH, INC.

Current Principal Place of Business:

5892 PINE GROVE RUN
OVIEDO, FL 32765

New Principal Place of Business:

2553 ASTER COVE LANE
KISSIMMEE, FL 34758

Current Mailing Address:

P.O. BOX 622111
OVIEDO, FL 32762

New Mailing Address:

2553 ASTER COVE LANE
KISSIMMEE, FL 34758

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLDEN, WILLIAM R
5892 PINE GROVE RUN
OVIEDO, FL 32765

Name and Address of New Registered Agent:

BOLDEN, WILLIAM R
2553 ASTER COVE LANE
KISSIMMEE, FL 34758

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:

03/02/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOLDEN, WILLIAM
Address: 5892 PINE GROVE RUN
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BOLDEN, TRACI
Address: 5892 PINE GROVE RUN
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: MAYS, RICHARD
Address: 200 LAKE MILLS ROAD
City-St-Zip: CHULUOTA, FL 32766

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOLDEN, WILLIAM
Address: 2553 ASTER COVE LANE
City-St-Zip: KISSIMMEE, FL 34758

Title: D (X) Change () Addition
Name: BOLDEN, TRACI
Address: 2553 ASTER COVE LANE
City-St-Zip: KISSIMMEE, FL 34758

Title: D (X) Change () Addition
Name: MCCORNICK, KEVIN
Address: 538 ELGIN BLVD
City-St-Zip: DAVENPORT, FL 33897

Title: D () Change (X) Addition
Name: MCCORNICK, MELISSA
Address: 538 ELGIN BLVD
City-St-Zip: DAVENPORT, FL 33897

Title: D () Change (X) Addition
Name: NORTON, MICHELLE
Address: 564 WOODFIRE WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Change (X) Addition
Name: NORTON, JASON
Address: 564 WOODFIRE WAY
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBBY BOLDEN

D

03/02/2003

Electronic Signature of Signing Officer or Director

Date