

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90003 027 ****61.25

0078402

DOCUMENT # N01000002118

1. Entity Name

NEW LIFE SOUTH BAPTIST CHURCH, INC.

Principal Place of Business

**16921 OWENS RD
WIMAUMA FL 33598**

Mailing Address

**16921 OWENS RD
WIMAUMA FL 33598**

2. Principal Place of Business

3. Mailing Address

P.O. Box 5751

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUN City Center FL

Zip

Country

33571

Country

USA

4. FEI Number

59-3708790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COX, CLAUDE E
16921 OWENS RD
WIMAUMA FL 33598**

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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | P. I. D. |
| STREET ADDRESS | Pat Shiver |
| CITY-ST-ZIP | 16921 OWENS Rd Wimauma FL 33598 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | T. I. D. |
| STREET ADDRESS | Claude Cox |
| CITY-ST-ZIP | 4615 Kensington Ave. Tampa FL 33629 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D. |
| STREET ADDRESS | Tommy Stinson |
| CITY-ST-ZIP | 20728 Keene Rd 547 Lithia FL 33547 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D. |
| STREET ADDRESS | Bo Molina |
| CITY-ST-ZIP | 16921 OWENS Rd Wimauma FL 33598 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

CLAUDE E. COX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02
Date

813-831-9671
Daytime Phone #

CR2E037 (9/01)