

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

DOCUMENT #

1. Entity Name

New Life Church of Christ Written in
Heaven No 100003106

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 28 PH 3: 18

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

H-11 Kex St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 310

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Quincy FL

Zip

32351

Country

USA

City & State

Quincy FL

Zip

32332

Country

4. FEI Number

50-0003609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Sarah Battles

Street Address (P.O. Box Number is Not Acceptable)

18 Martins St

City

Quincy

FL

Zip Code

32351

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

Sarah Battles

Sarah Battles

H-28-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP

Pastor
Sarah Battles
18 Martins St, Quincy FL
32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300035780299

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Member
Alice Green
14 Martins St Quincy FL
32331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

05/07/04--01092--006 **122.50

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sarah Battles

H-28-04

850-875-3267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)

I Paid fee Last year ²⁰⁰³ and did not
receive a letter stating that the fee was
not received by the Division of Corporation.

Sarah Battler