2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2003
Secretary of State

DOCUMENT# N01000005459

Entity Name: NEW LIFE FIVE FOLD GOSPEL MINISTRY, INC.

Current Principal Place of Business:

8901 NW 79TH CT
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8901 NW 79TH CT
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-1128639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BELL, BRIAN
8901 NW 79TH CT
TAMARAC, FL 33321

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BELL, BRIAN PD
Address: 8901 NW 79TH CT
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete
Name: BELL, CECEILA L SD
Address: 8901 NW 79TH CT
City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete
Name: BELL, SHONEA T TD
Address: 8901 NW 79TH CT
City-St-Zip: TAMARAC, FL 33321

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD ( ) Change (X) Addition
Name: BELL, ALWYN D VPD
Address: 8901 NW 79CT
City-St-Zip: TAMARAC, FL 33321

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: ALWYN D. BELL VPD 02/01/2003

Electronic Signature of Signing Officer or Director — Date