

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 020 ****62.00

DOCUMENT # NO1000006766

1. Entity Name
NEW LIFE IN CHRIST CHURCH, INC.



Principal Place of Business
**12555 N W 17TH AVENUE
MIAMI FL 33167**

Mailing Address
**POST OFFICE BOX 562063
MIAMI FL 33256**

360 NE 151 ST, MIA 33162

2. Principal Place of Business

3. Mailing Address

360 NE 151 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

4. FEI Number **65-1143020**

Applied For

Not Applicable

Zip

Country

Zip
33162

Country

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

**VIEUX, HAROLD A
11102 S W 162ND TERRACE
MIAMI FL 33157**

Name

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

360 NE 151 STREET

City

Miami

FL

Zip Code

33162

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **VIEUX, HAROLD A**
STREET ADDRESS **12555 N W 17TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33167**

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

TITLE **SD** ☐ Delete
NAME **NOEL, MARIE-JOSUEE**
STREET ADDRESS **12555 N W 17TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33167**

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

TITLE **TD** ☐ Delete
NAME **PIERRE, JOSEPH I**
STREET ADDRESS **12555 N W 17TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33167**

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

TITLE **ATD** ☐ Delete
NAME **ST LOUIS, AUGENE**
STREET ADDRESS **12555 NW 17 AVE**
CITY-ST-ZIP **MIAMI FL 33167**

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
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 REQUIRED

**4/25/03 (305)
949 2474**

CR2E037 (10/02)