

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

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90231 030 \*\*\*\*70.00

**DOCUMENT # N01000008202**

1. Entity Name  
**NEW LIFE FAMILY WORSHIP CENTER, INC.**



Principal Place of Business  
**3902 NW 167TH ST  
MIAMI FL 33054**

Mailing Address  
**2624 ALCAZAR DR  
MIRAMAR FL 33023**

2. Principal Place of Business  
**3800-02 N.W. 167 ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**  
Zip  
**33054**  
Country  
**AMERICA**

City & State

Zip

Country

4. FEI Number **65-1152707**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**BOYCE, BARBARA J  
2624 ALCAZAR DR  
MIRAMAR FL 33023**

## 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. 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

TITLE **PD** ☐ Delete  
NAME **BOYCE, BARBARA J J**  
STREET ADDRESS **2624 ALCAZAR DR**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **D** ☐ Delete  
NAME **ASBERRY, MILDRED**  
STREET ADDRESS **615 NW 177 ST #101**  
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete  
NAME **MCKOY, CATHY**  
STREET ADDRESS **2624 ALCAZAR DR**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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: **Barbara J Boyce** **REBARBARA. BOYCE** **2-11-03**

CR2E037 (10/02)