2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01697

1. Entity Name

NEW LIFE WORSHIP CENTER OF SARASOTA INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State
03-16-2000 90051 001 ***183.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%RICHARD CARR 2105 Worrington St. Sarasota, FL 34231	%RICHARD CARR 2105 Worrington St. Sarasota, FL 34231

2. Principal Place of Business	3. Mailing Address
2105 Worrington St. Suite, Apt. #, etc.	2105 Worrington St. Suite, Apt. #, etc.
City & State: Sarasota, FL 34231	City & State: Sarasota, FL 34231
Zip: Country: USA	Zip: Country: USA

4. FEI Number: 59-2392181 ☐ Applied For ☐ Not Applicable

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
CARR, RICHARD 464 SOUTHCREEK DRIVE OSPREY FL 34229	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CARR, RICHARD 464 SOUTHCREEK DRIVE OSPREY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CARR, DEANNA 464 SOUTHCREEK DRIVE OSPREY FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, FRED 7358 PALOMINO LANE SARSOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRINGER, NIKKI 1409 NORTH TAMIAMI TRAIL NOKOMIS FL 34275	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINKLER, NOR 3660 ROXANNE BLVD. SARASOTA FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 Richard Carr 3/14/2000
Richard Carr — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #