2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State
01-20-2001 90048 001 ***183.75

0005773

DOCUMENT # N01697

1. Entity Name

NEW LIFE WORSHIP CENTER OF SARASOTA INC.

Principal Place of Business	Mailing Address
2105 WORRINGTON ST SARASOTA FL 34231 US	2105 WORRINGTON ST SARASOTA FL 34231 US

- 22430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~2105 Worrington St.~~ Suite, Apt. #, etc.	~~2105 Worrington St.~~ Suite, Apt. #, etc.
City & State: ~~Sarasota, FL~~	City & State: ~~Sarasota, FL~~
Zip: ~~34231~~ Country: USA	Zip: ~~34231~~ 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 (10/00)

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: Richard Carr SIGNATURE REQUIRED 1/9/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #