

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008772

FILED
Aug 08, 2003
Secretary of State

Entity Name: NEW LIFE SANCTUARIES, INC.

Current Principal Place of Business:

5830 WILD FIG LANE
FT. MYERS, FL 33919

New Principal Place of Business:

7050 WINKLER ROAD
FT. MYERS, FL 33919

Current Mailing Address:

5830 WILD FIG LANE
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 05-0540635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KREWSON, LAWRENCE REV.
5830 WILD FIG LANE
FT. MYERS, FL 33919

Name and Address of New Registered Agent:

KREWSON, LAWRENCE A REV.
5830 WILD FIG LANE
FT. MYERS, FL 33919

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: REV. LAWRENCE A. KREWSON

08/08/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEDIANT, PERRY
Address: 869 DUQUESNE DR.
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: BEDIANT, JOANNE
Address: 869 DUQUESNE DR.
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: BOBB, MICHAEL
Address: 5751 RELMS PLACE
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: BOBB, KATHRYN
Address: 5751 RELMS PLACE
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: BROWN, ROBERT
Address: 2703 MCGREGOR BLVD.
City-St-Zip: FT. MYERS, FL 33901

Title: D () Delete
Name: BROWN, LOIS
Address: 2703 MCGREGOR BLVD.
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HUNLOCK, HOWARD
Address: 2681 AIRPORT ROAD SOUTH
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change () Addition
Name: STEFFENS, EDWARD
Address: 6713 HIGHLAND PINES CIRCLE
City-St-Zip: FT. MYERS, FL 33912

Title: D (X) Change () Addition
Name: KOLLER, JAN
Address: 15135 PALM ISLE DRIVE
City-St-Zip: FT. MYERS, FL 33919

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

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

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: EDWARD STEFFENS

D

08/08/2003

Electronic Signature of Signing Officer or Director

Date