

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N03208**

1. Entity Name

**NEW CHRISTIAN LIFE CHURCH, INC.**

Principal Place of Business

**239 NE 12TH AVE  
PO BOX 1634  
BOYNTON BCH FL 33435  
US**

Mailing Address

**111 NE 12TH AVENUE  
P.O. BOX 1634  
BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2400070**

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

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	PD	<input type="checkbox"/> Delete
NAME	BUTLER, RICHARD W REV	
STREET ADDRESS	2988 DORSON WAY	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	VCD	<input type="checkbox"/> Delete
NAME	BUTLER, JAMES W	
STREET ADDRESS	204 NE 12TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE	STD	<input type="checkbox"/> Delete
NAME	PITTS, ELIZABETH	
STREET ADDRESS	111 N. E. 12TH AVE.	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE	SD	<input type="checkbox"/> Delete
NAME	LINDSAY, HELEN G	
STREET ADDRESS	521 N.W. 5TH STREET	
CITY-ST-ZIP	BOYNTON BEACH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Pitts 01/09/2001 561-736-7828

Date

Daytime Phone #

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90070 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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