

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90091 041 ****61.25

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 & State

City & 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

LINDSAY, HELEN GAMBLE
521 N.W. 5TH STREET
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

ELIZABETH PITTS

Street Address (P.O. Box Number is Not Acceptable)

111 N.E. 12TH AVE

City

BOYNTON BEACH

FL

Zip Code

33435

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

Elizabeth Pitts

ELIZABETH PITTS

01/15/02

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

TITLE **PD** ☐ Delete
 NAME **BUTLER, RICHARD W REV**
 STREET ADDRESS **2988 DORSON WAY**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VCD** ☐ Delete
 NAME **BUTLER, JAMES W**
 STREET ADDRESS **204 NE 12TH AVENUE**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **STD** ☐ Delete
 NAME **PITTS, ELIZABETH**
 STREET ADDRESS **111 N. E. 12TH AVE.**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **SD** ☐ Delete
 NAME **LINDSAY, HELEN G**
 STREET ADDRESS **521 N.W. 5TH STREET**
 CITY-ST-ZIP **BOYNTON BEACH FL**

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

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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:

Elizabeth Pitts

01/15/02 561-736-7828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)