2001 UNIFORM BUSINESS REPORT (UBR)								FILED					
DOCUMENT # N06716  1. Entity Name NEW LIFE CHRISTIAN FELLOWSHIP, INC.								May 29, 2001 08:00 AM Secretary of State					
				ddraee									
Principal Place of Business  % LARRY LINKOUS  4525 APOLLO ROAD  TITUSVILLE  52780  FL			% LARRY : 4525 APOL TITUSVILI	Mailing Address  % LARRY LINKOUS  4525 APOLLO ROAD  TITUSVILLE  52780									
	ace of Busine	988		3. Mailing Address									
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	9		City &	City & State				4. FEI Numb				plied For t Applicable	
Zip			Zip			intry		Fee F			8.75 Add e Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
LINKOUS, LARRY 1403 INDIAN RIVER AVENUE						Street Address (P.O. Box Number is Not Acceptable)							
TITUSVILLE FL 32780 US						City					Zip Code		
8. The above named entity submits this statement for the purpose of changing its registe						FL							
	named entity	submits this stateme	ent for the purpose	e of changing its r	register	ed office or	registered	d agent, or bo	th, in the state of Flo	rida. 05/29/2	2001		
SIGNATURE _	Signature, typed	or printed name of registered	agent and title if applicat	ole. (NOTE:	Registere	d Agent signatu	ure required w	hen reinstating)		DATE	7001	i	
FILE NOW: 9. Election Campaign F Trust Fund Contributi						ng 🗆	\$5.00 Added 1	Make Check Payable to to Fees Department of State					
10.		OFFICERS AN			11.		ΑC	DDITIONS/CH	IANGES TO OFFICE	RS AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS	TD HICKS	HOLLIS H YANE DRIVE	•	Delete	NAM STRE					[	Change	☐ Addition	
CITY-ST-ZIP	TITUSVIL		FL	32780	1	-ST-ZIP		÷					
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TITLE NAME STREET ADDRESS	SD RAMSEY	ROY ABOL DRIVE		☐ Delete	TITL	<u>.                                    </u>				[	Change	☐ Addition	
CITY-ST-ZIP	TITUSVIL		FL	32780	-	-ST-ZIP		-		<u>.</u>			
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TITLE NAME STREET ADDRESS	PD LINKOUS	LARRY ENCIA CIR		☐ Delete	TITL NAM	Ē					Change	Addition	
CITY-ST-ZIP	TITUSVIL	LE	FL	32780	_	'-ST-ZIP					7.0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					-		☐ Change	Addition	

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: HOLEIS H HICKS

TD

05/29/2001