

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90073 022 ****70.00

DOCUMENT # N06716

1. Entity Name

NEW LIFE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business

% LARRY LINKOUS
4525 APOLLO ROAD
TITUSVILLE FL 32780

Mailing Address

% LARRY LINKOUS
4525 APOLLO ROAD
TITUSVILLE FL 32780

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 **59-2554734**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINKOUS, LARRY
1403 INDIAN RIVER AVENUE
TITUSVILLE FL 32780

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINKOUS, LARRY 788 FLORENCIA CIR TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINKOUS, SANDRA 788 FLORENCIA CIR TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMSEY, ROY 980 CRISTABOL DRIVE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMSEY, JOYCE 980 CRISTIBOL DRIVE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HICKS, HOLLIS H 4780 BISCYANE DRIVE TITUSVILLE FL 32780	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: H. HICKS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2003 321 267 5234

CR2E037 (10/02)