2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2000 8:00 am
Secretary of State
07-10-2000 90011 034 ****61.25

DOCUMENT # N11880

1. Entity Name

NEW LIFE TABERNACLE, INC.

Principal Place of Business	Mailing Address
248 HOLLYWOOD BLVD. S.E. FT. WALTON BEACH FL 32549	P.O. BOX 2581 FT WALTON BEACH FL 32549-2581

[redacted]

DO NOT WRITE IN THIS SPACE

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 59-2796419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DEPARTMENT OF STATE

6. Name and Address of Current Registered Agent

PLEASE DELETE
KLENK, NORBERT T
107 MARILYN AVE., N.W.
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name CHARLES SANSOM, SR.
Street Address (P.O. Box Number is Not Acceptable) 248 HOLLYWOOD BLVD., S.E.
City FT. WALTON BCH. FL Zip Code 32548

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 CHARLES SANSOM SR. PASTOR Charles Sansom 1-26-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESHELMAN, BILL 1522 W. PONDEROSA FT. WALTON BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. JAMES NICHOLS 716 DALE PLACE FORT WALTON BEACH, FL. 32547	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. D MCBRIDE, HORACE 311 CLOVERDALE BLVD FT. WALTON BEACH FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. CLINTON WILKINS 6 WARWICK DR. SHALIMAR, FL. 32579	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLENK, NORBERT T 107 MARILYN AVE. N.W. FT. WALTON BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. P SANSOM, CHARLES 49 CAPE DR FT WALTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2F037 (9/99)

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: CHARLES SANSOM SR. CHARLES SANSOM, SR. 1-26-00 850 243-1276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #