

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90137 007 ****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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANSOM, CHARLES SR
248 HOLLYWOOD BLVD SE
FORT WALTON BEACH FL 32548

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

CHARLES SANSOM, SR. PASTOR

01-16-2001

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	D	<input type="checkbox"/> Delete
NAME	NICHOLS, JAMES E	
STREET ADDRESS	716 DALE PLACE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCBRIDE, HORACE	
STREET ADDRESS	311 CLOVERDALE BLVD	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINS, CLINTON W	
STREET ADDRESS	6 WARWICK DR.	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	P	<input type="checkbox"/> Delete
NAME	SANSOM, CHARLES	
STREET ADDRESS	49 CAPE DR	
CITY-ST-ZIP	FT WALTON 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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:

Charles Sansom, Sr.
CHARLES SANSOM, SR.

JAN. 16, 2001
 Date
950-243-1276
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)