

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N20571**

1. Entity Name  
 NEW LIFE COMMUNITY CHURCH OF MARCO ISLAND, INC.

Principal Place of Business PO BOX 887 MARCO ISL FL 34146 US	Mailing Address PO BOX 887 MARCO ISL FL 34146 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number  Applied For  
 Not Applied For

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 MCCULLEY THOMAS CREV.  
 % RHODES & TUCKER, ATTORNEYS  
 950 N. COLLIER BLVD  
 MARCO ISLAND FL 34145 US

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.

SIGNATURE \_\_\_\_\_ DATE **03/01/2001**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KIENLEN THOMAS 919 FLAMINGO CIRCLE MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIMMONS ROBERT M. 331 EDGEWATER CT MARCO ISLAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURPHY FRANK 1195 TWIN OAK CT MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete TWILLA FRED 921 MONTEGO COURT MARCO ISLAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete FENIMORE DONALD C 921 S. COLLIER BLVD #101 MARCO ISLAND FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MCCULLEY THOMAS CREV. 1190 EMBER COURT MARCO ISLAND FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KIENLEN THOMAS 71 PEACH PALM LANE NAPLES FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TWILLA FRED 183 KIRKWOOD AVENUE MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FENIMORE DONALD C 651 DIPLOMAT COURT MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCCULLEY THOMAS CREV. 1190 EMBER COURT MARCO ISLAND FL 34145

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Thomas C. McCulley P **03/01/2001**

CR2E037 (11/00)