

**DOCUMENT # N31814**

1. Entity Name

**NEW LIFE SPIRITUAL CENTRE, INC.**

Principal Place of Business

Mailing Address

750 N. THORNTON AVE.  
SUITE U  
ORLANDO FL 32803  
USPO BOX 941121  
MAITLAND FL 32794-1121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0124906**

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

TITTLE, SHEILA  
430 E PACKWOOD AVE H105  
MAITLAND FL 32751

Name

**TITTLE, SHEILA**

Street Address (P.O. Box Number is Not Acceptable)

**430 E PACKWOOD AVE H-105****MAITLAND, FLORIDA- 32751**

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

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	PT.	<input type="checkbox"/> Delete
NAME	TITTLE, SHEILA	
STREET ADDRESS	430 E PACKWOOD AVE H105	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITTLE, SHEILA	
STREET ADDRESS	430 E PACKWOOD AVE H-105	
CITY-ST-ZIP	MAITLAND, FLORIDA-32751	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARVALHO, ENIO	
STREET ADDRESS	518 LAKEscape CT	
CITY-ST-ZIP	ORLANDO FL 32828	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEGA, RUBY	
STREET ADDRESS	1854 WINDY AVE	
CITY-ST-ZIP	APOPKA, FLORIDA-32712	

TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBERT, LILLIAN REV	
STREET ADDRESS	2892 CANYON DR	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, LILLIAN REV	
STREET ADDRESS	2892 CANYON DRIVE	
CITY-ST-ZIP	ORLANDO, FLORIDA-32822	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARKS, WARREN	
STREET ADDRESS	4524 CURRY FORD RD 231	
CITY-ST-ZIP	ORLANDO FL 32812	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITCH, ANNE-TRES.	
STREET ADDRESS	1214 ELINORE DRIVE	
CITY-ST-ZIP	ORLANDO, FLORIDA-32808	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EVANS, JOYCE	
STREET ADDRESS	2217 GRAYSON DR	
CITY-ST-ZIP	ORLANDO FL 32817	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTS, JACKSON	
STREET ADDRESS	31 W SEAFLOWER ST	
CITY-ST-ZIP	APOPKA, FLORIDA-32712	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROOPE, JIM	
STREET ADDRESS	2892 CANYON DR	
CITY-ST-ZIP	ORLANDO FL 32822	

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: *Anne Fitch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

407-293-0472

Daytime Phone #