

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90012 001 \*\*\*\*\*61.25

**DOCUMENT # N34057**

1. Entity Name \*

**NEW LIFE CHRISTIAN FELLOWSHIP, MINISTRIES OF THE**

Principal Place of Business

% JOH CRENSHAW  
 1508 W LAURA ST  
 PENSACOLA FL 32501

Mailing Address

% JOH CRENSHAW  
 1508 W LAURA ST  
 PENSACOLA FL 32501

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

**59-2972745**

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

**CRENSHAW, JOHN  
 7824 WOODPOINTE DR  
 PENSACOLA FL 32514**

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

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  
**DP  
 CRENSHAW, JOHN  
 7824 WOODPOINTE DR  
 PENSACOLA FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 HILL, Timothy  
 3545 Summit Blvd  
 Pensacola, FL 32504** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VDT  
 CRENSHAW, JANICE  
 7824 WOODPOINTE DR  
 PENSACOLA FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 Grandison, Aubray  
 1204 N.E. Street  
 Pensacola, FL 32503** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DST  
 ALLEN, BETTY  
 112 ESCALONA AVE  
 PENSACOLA FL 32503** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DST  
 Thompson, Mavian E  
 4515 Cherbourg way  
 Pensacola, FL 32505** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T.  
 ALLEN, CAL  
 112 ESCALONA AVE  
 PENSACOLA FL 32503** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 Allen, CAL  
 112 Escalona Ave  
 Pensacola, FL 32503** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 STEVENS, TERRY  
 1414 W. BLOUNT ST.  
 PENSECOLA FL** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DST  
 SARAH, BURNETT  
 2855 STEFANI RD  
 CANTONMENT FL 32533** ☒ Delete

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: *Betty A. Allen* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Betty A. Allen* 4/14/01 435-4674 (850)

Date

Daytime Phone #

CR2E037 (10/00)