

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34057

1. Entity Name

NEW LIFE CHRISTIAN FELLOWSHIP, MINISTRIES OF THE
WORLD, INC.

Principal Place of Business

Mailing Address

% JOH CRENSHAW
1508 W LAURA ST
PENSACOLA FL 32501

% JOH CRENSHAW
1508 W LAURA ST
PENSACOLA FL 32501

2. Principal Place of Business

John Crenshaw

3. Mailing Address

John Crenshaw

Suite, Apt. #, etc.

1508 W Laura St

Suite, Apt. #, etc.

1508 W Laura St

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32501

Country

Zip

32501

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 DP
NAME CRENSHAW, JOHN
STREET ADDRESS 7824 WOODPOINTE DR
CITY-ST-ZIP PENSACOLA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ALLEN, CAL
STREET ADDRESS 112 ESCALONA AVE
CITY-ST-ZIP PENSACOLA FL 32503

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HILL, TIMOTHY
STREET ADDRESS 3545 SUMMIT BLVD
CITY-ST-ZIP PENSACOLA FL 32504

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GRANDISON, AUBREY
STREET ADDRESS 1204 NE STREET
CITY-ST-ZIP PENSACOLA FL 32503

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

Date

435-4874

Daytime Phone #

CR2E037 (9/01)

UC34008

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91320 011 ****61.25



DO NOT WRITE IN THIS SPACE