

2004 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90009 020 ****61.25

DOCUMENT # N42391

1. Entity Name

NEW LIFE UKRAINE CHILDREN'S MINISTRIES, INC.



Principal Place of Business

**1794 CONCERT ROAD
DELTONA FL 32738**

Mailing Address

**1794 CONCERT ROAD
DELTONA FL 32738**

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 **59-3054127**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JARUCZYK, RUSSELL
1794 CONCERT ROAD
DELTONA FL 32738**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Nina Jaruczyk

Nina Jaruczyk

5-11-2004

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JARUCZYK, JOHN**
STREET ADDRESS **1356 WOODLOINE AVE**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ Delete
NAME **HICKS, RICHARD**
STREET ADDRESS **7814 NADITA COURT**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **DST** ☐ Delete
NAME **JARUCZYK, NINA**
STREET ADDRESS **513 APPLEWOOD AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **DP** ☐ Delete
NAME **RODERICK, GORDON**
STREET ADDRESS **2832 CRESCENT CLUB DR**
CITY-ST-ZIP **HIXSON TN 37343**

TITLE **D** ☐ Delete
NAME **BAKER, CHARLES S**
STREET ADDRESS **2506 ARBOR MIST TRAIL**
CITY-ST-ZIP **HIXSON TN 37343**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Nina Jaruczyk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)