

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50943

1. Entity Name

NEW LIFE CHURCH GROWTH MINISTRIES, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90007 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

34631 ORCHID PARKWAY  
RIDGE MANOR FL 33525

34631 ORCHID PARKWAY  
RIDGE MANOR FL 33523  
US

2. Principal Place of Business

966 LUNA LANE

Suite, Apt. #, etc.

3. Mailing Address

966 LUNA LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

THE VILLAGES, FLORIDA

City & State

THE VILLAGES, FLORIDA

4. FEI Number

59-3151124

Applied For

Not Applicable

Zip

32159

Country

USA

Zip

32159

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMS, JAMES F SR.  
34631 ORCHID PARKWAY  
RIDGE MANOR FL 33523-3862

7. Name and Address of New Registered Agent

Name

SIMS JAMES E. SR

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

966 LUNA LANE

City

THE VILLAGES

FL

Zip Code

32159

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

04/04/00

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 DT ☐ Delete  
NAME BISCHOFF, JAMES REV.  
STREET ADDRESS 3204 HAVER LANE  
CITY-ST-ZIP HOLIDAY FL 34691-2607

TITLE DT ☐ Delete  
NAME BISCHOFF, CAROL  
STREET ADDRESS 3204 HAVER LANE  
CITY-ST-ZIP HOLIDAY FL 34691-2607

TITLE DT ☐ Delete  
NAME CORBETT, CLAUDE REV.  
STREET ADDRESS 7088 PINE NEEDLE LANE  
CITY-ST-ZIP BROOKSVILLE FL 34601-6850

TITLE DT ☐ Delete  
NAME CORBETT, ZELLA  
STREET ADDRESS 7088 PINE NEEDLE LANE  
CITY-ST-ZIP BROOKSVILLE FL 34601-6850

TITLE DTS ☒ Delete  
NAME GODFREY, DIANE  
STREET ADDRESS 37415 PAYNE ROAD  
CITY-ST-ZIP DADE CITY FL 33523

TITLE DT ☐ Delete  
NAME GIFFEN, LORRAINE  
STREET ADDRESS 3241 TULIP STREET  
CITY-ST-ZIP DADE CITY FL 33525

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DTS~~ ☐ Change ☒ Addition  
NAME ROSE SIMS  
STREET ADDRESS 966 LUNA LANE  
CITY-ST-ZIP THE VILLAGES, FLORIDA 32159

TITLE ~~DTS~~ ☐ Change ☒ Addition  
NAME SIMS JAMES E. SR.  
STREET ADDRESS 966 LUNA LANE  
CITY-ST-ZIP THE VILLAGES, FLORIDA 32159

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/00

(352) 259-4260

Date

Daytime Phone #

CR2E037 (9/99)