

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **192002006999** (4)

1. Entity Name

NEW LIFE IN CHRIST CHRISTIAN CHURCH, INC.

Principal Place of Business

**6225 Norwood Avenue
Jacksonville, Fl.
32208**

Mailing Address

**6225 Norwood Avenue
Jacksonville, Fl.
32208**

US

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-3154369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/10/01

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 **PD** ☐ Delete
NAME **WINFREY, IVORY L.**
STREET ADDRESS **2844 JUSTINA RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

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

TITLE **D** ☒ Delete
NAME **LEWIS, RICKY**
STREET ADDRESS **6949 ALANA RD.**
CITY-ST-ZIP **JACKSONVILLE, FL.**

TITLE **D** ☒ Change ☐ Addition
NAME **BENEDICT, WAYNE**
STREET ADDRESS **1978 W. 20th STREET**
CITY-ST-ZIP **JACKSONVILLE, FL. 32209**

TITLE **TD** ☒ Delete
NAME **RANDOLPH, WANDA**
STREET ADDRESS **3738 ROBERT SCOTT DR. E**
CITY-ST-ZIP **JACKSONVILLE, FL. 32207**

TITLE **TD** ☒ Change ☐ Addition
NAME **TURNER, ALICE**
STREET ADDRESS **7246 SYMRA STREET**
CITY-ST-ZIP **JACKSONVILLE, FL. 32208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
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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

9/10/01 (904) 764-0220

Date

Daytime Phone #

00077024

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)