

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002745**

1. Entity Name

NEW LIFE MINISTRIES WORLD OUTREACH CENTER, INC.

Principal Place of Business

Mailing Address

1602 BRUTON BLVD
ORLANDO FL 32805
USPO BOX 618322
ORLANDO FL 32861
US

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

59-3188671

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

DJUAN, IRVIN A
7116 CORAL COVE DR
ORLANDO FL 32818

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 \$61.259. 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	DPT	<input type="checkbox"/> Delete
NAME	IRVIN, DJUAN A	
STREET ADDRESS	7116 CORAL COVE DR	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burnett, Calvin	
STREET ADDRESS	6132 Glenn Burr Ave.	
CITY-ST-ZIP	Orlando, FL 32839	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GILYARD, SABRINA	
STREET ADDRESS	6510 B. SUMMENOALK SQUARE	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irvin, Gwendolyn	
STREET ADDRESS	7116 Coral Cove Drive	
CITY-ST-ZIP	Orlando, FL 32818	

TITLE	VD	<input type="checkbox"/> Delete
NAME	IRVIN, GWENDOLYN	
STREET ADDRESS	7116 CORAL COVE DR.	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gwendolyn Irvin* **02-03-02 (407) 291-8877**

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90087 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)