

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90308 045 \*\*\*\*61.25

**DOCUMENT # N94000000558**

1. Entity Name

**NEW LIFE TABERNACLE OF PRAISE & DELIVERANCE CENT  
ER INC.**

Principal Place of Business

Mailing Address

**4203 COUNTRY CLUB DRIVE  
ORLANDO FL 32811  
US**

**4203 COUNTRY CLUB DRIVE  
ORLANDO FL 32811  
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

**59-3227762**

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

**FISHER, DAISY  
6114 JENNINGS RD.  
ORLANDO FL 32808**

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 ☐ Delete  
NAME **S**  
STREET ADDRESS **LAMB, CARLOTTA M**  
CITY-ST-ZIP **519 JOHN STREET  
ORLANDO FL 32811**

TITLE ☐ Change ☒ Addition  
NAME **Trustee**  
STREET ADDRESS **Randy Whiteley**  
CITY-ST-ZIP **2433 mace st. Orlando FL 32839**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **FISHER, WILMA**  
CITY-ST-ZIP **5005 CUTLER ST.  
ORLANDO FL 32811**

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

TITLE ☐ Delete  
NAME **UT**  
STREET ADDRESS **DOZIER, MINNIE**  
CITY-ST-ZIP **5481 EUGENIA CT  
ORLANDO FL 32811**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **WILLIAMS, ALMA**  
CITY-ST-ZIP **614 JENNINGS RD.  
ORLANDO FL 32808**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **FISHER, DAISY**  
CITY-ST-ZIP **6114 JENNINGS  
ORLANDO FL 32808**

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

TITLE ☐ Delete  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/2002 402 295-2117**

CR2E037 (9/01)