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

FILED
Aug 06, 2002 8:00 am
Secretary of State
08-06-2002 90134 026 ****61.25

DOCUMENT # N94000001609

1. Entity Name
NEW LIFE IN JESUS CHRIST MINS.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5801 W. HALLANDALE	6055 S.W. 18 ST
Suite, Apt. #, etc.: BCH BLVD	Suite, Apt. #, etc.:
City & State: HOLLYWOOD, FL	City & State: MIRAMAR, FL
Zip: 33020 Country: US	Zip: 33023 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 650486142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOSEPH BARRY-AUSTIN

Street Address (P.O. Box Number is Not Acceptable): 6055 S.W. 18 ST

City: MIRAMAR FL Zip Code: 33023

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

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH BARRY-AUSTIN 6055 SW 18 ST MIRAMAR, FL. 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY ANN BARRY-AUSTIN 6055 SW. 18ST MIRAMAR, FL. 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMUEL 3532 NW. 19400 TERR CAROL CITY 33056
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Barry-Austin 7/30/02 954-963-9234