


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90207 031 ****70.00

DOCUMENT # N94000003914

1. Entity Name
NEW LIFE FAMILY CHURCH OF NEW PORT RICHEY, INC.



Principal Place of Business Mailing Address

**7140 CONGRESS STREET
NEW PORT RICHEY FL 34653
US** **7140 CONGRESS STREET
NEW PORT RICHEY FL 34653
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3257773** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NAIL, LEON JR
4822 WHITE TAIL LANE
NEW PORT RICHEY FL 34653**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Leon Nail Jr* **LEON NAIL JR** **PASTOR** **PRESIDENT** **1-7-2003**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NAIL, LEON JR	
STREET ADDRESS	4822 WHITE TAIL LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	NAIL, SHARON L	
STREET ADDRESS	4822 WHITE TAIL LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, BUD	
STREET ADDRESS	5834 SUNSHINE PARK DR	
CITY-ST-ZIP	ELFERS FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, CHARLES	
STREET ADDRESS	18 CITRUS DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIESEN, JEFF	
STREET ADDRESS	4851 MADISON ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEAR ARNOLD	
STREET ADDRESS	6544 CHASE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Leon Nail Jr* **LEON NAIL JR** **PASTOR** **1-7-2003** **(27) 560-2326**

CR2E037 (10/02)