

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004761

1. Entity Name

NEW LIFE CHURCH OF GOD SEVENTH-DAY INCORPORATION

Principal Place of Business

3047 NW 26TH ST  
LAUDERDALE LAKES FL 33311

Mailing Address

3560 NW 17 CTY  
LAUDERDALE LAKES FL 33311  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MILLER, VICTOR  
3047 NW 26TH ST  
LAUDERDALE LAKES FL 33311

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)

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

TITLE DP  
NAME MILLER, VICTOR  
STREET ADDRESS 3047 NW 26TH ST  
CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Delete

TITLE DV  
NAME TAYLOR, SYLVISTER  
STREET ADDRESS 3047 NW 26TH ST  
CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Delete

TITLE DT  
NAME MILLER, VILMA M  
STREET ADDRESS 3047 NW 26TH ST  
CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Delete

TITLE DS  
NAME EDWARDS, GRACE  
STREET ADDRESS 2307 NW 52ND CT  
CITY-ST-ZIP TAMARAC FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV  
NAME Audley O Kera  
STREET ADDRESS 1104 S.W. 75th Ave.  
CITY-ST-ZIP N. Land. Fl. 33068 ☐ Change ☒ Addition

TITLE DV  
NAME Eugene H calliste  
STREET ADDRESS 6510 SW 10th St.  
CITY-ST-ZIP N. Land. Fl. 33068 ☐ Change ☒ Addition

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

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

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

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

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 REQUIRED VICTOR MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/8/01 Daytime Phone 407.684.6946

FILED  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90147 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)