## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000003237

City-St-Zip:

WEST PALM BEACH, FL 33407

Entity Name: NEW LIFE CHILD DEVELOPMENT CENTER, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1536 44TH WEST PAL	STREET M BEACH, FL	33407				
Current Mailing Address:			New Mailing Address:			
1536 44TH WEST PAL	STREET M BEACH, FL	33407				
FEI Number:	65-0750500	FEI Number Applied For ( )	FEI Number Not Appl	Olicable ( ) Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
BROWN, J 1536 44TH WEST PAL		33407 US				
The above in the State		ıbmits this statement for the pu	rpose of changing i	its registered office or registered agent, or both	th,	
SIGNATUR	RE:					
	Electronic	Signature of Registered Agen	t	Date	_	
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECT	ORS:	
Title: Name: Address: City-St-Zip:	PD () D BROWN, JOHN 1536 44TH STRE WEST PALM BEA		Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition BROWN, JOHN 1536 44TH STREET WEST PALM BEACH, FL 33407		
Title: Name: Address: City-St-Zip:	D () D BROWN, VERON 1536 44TH STRE WEST PALM BEA	ET	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition BROWN, VERONICA 1536 44TH STREET WEST PALM BEACH, FL 33407		
Title: Name: Address: City-St-Zip:	D () C BOYKENS, JANE 800 44TH STREE WEST PALM BEA	ET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () C WILLIAMS, BOBE 616 8TH STREET WEST PALM BEA	Γ, APT <b>#</b> 7	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: REV JOHN B BROWN P 04/29/2002