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

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DOCUMENT # N9600003843					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
NEW LIFE CHRISTIAN FELLOWSHIP, INC. OF FROSTPROO					I DIVISION OF CORPURATIONS				
PXNAME Change) THE FAMILY Church of FROST PROOF TINC.					03 JUL 30 AM 8: 00				
	ce of Business	Mailing Address			Ĩ			,	
1001 SOUTH CLINCH LAKE BLVD. P.O. BOX 777									
FROSTPROOF FL 33843 FROSTPROOF FL 33843],				
					£ 1884) 81 818 1811	. B erne 11 00 (1860) 11 00 (1860) 12 60	189 0 : 1998: 1 99	11 111 1111	
2. Principal Place of Business		3. Mailing Address							
DAME 1		SAME T							
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES M P			
City & State		City & State			4. FEI Number 59-3233570 Applied For				
				m server .	~ ; 	- <u>-</u>		t Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Stat		8.75 Add		
	S. Name and Address of Courses F	laninana Araut			<u> </u>		e Require	<u> </u>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CHURCHWELL CAROLYN M					IES A. BONNER				
1225 SOUTH PINE AVE				Street Address (P.O. Box Number is Not Acceptable)					
FROSTPROOF FL 33843									
			-	City	2006	FL	Zip Code	2	
City FRos1 8. The above named entity submits this statement for the purpose of changing its registered office or register					PROOF		<u> </u>	743	
	tions of registered agent.	the purpose of changing its	registeret	a office or register	red agent, or both, in th	ie State of Florida. Tam fai	miliar with, i	ano accept	
And AR A DE DA									
SIGNATURE Manus H. Bonner PD RA 7/24/03									
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	Agent signature required	d when reinstating)	• DATE			
	FN E NOW, PEE 10 604 05						_		
	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$23	9. Election Can Trust Fund C			\$5.00 May Be Added to Fees	Make Check Florida Departn			
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10.	OFFICERS AND DIRE		11.			TO OFFICERS AND DIRE	CTORS IN	10	
TITLE	PD PARRY	🔀 Delete	TITLE	70			X Change	☐ Addition	
NAME STREET ADDRESS	TAYLOR, BARRY 1 PAGUIN DR		NAME STREE	TADDRESS TADDRESS	DER JAME	S # .			
CITY-ST-ZIP	SAINT CLOUD FL 34769		CITY-S		OSTOROOF		•		
TITLE	STD	⊠ Delete	TITLE	VΡ			Change	Addition	
NAME	CHURCHWELL, CAROLYN W		NAME	Des	OO GLORY WAY	IP .	/- 	\ \	
STREET ADDRESS	1225 S PINE AVE					Bivd			
CITY-ST-ZIP	FROSTPROOF FL 33843		CiTY-S	 -	adenton, F				
TITLE NAME	D Joyner, Ray	💢 Delete	TITLE	STD	, a alah		Change	Addition	
STREET ADDRESS	325 N PLM AVE			TADDRESS 240	JK, HILEO	DR			
CITY-ST-ZIP	FROSTPROOF FL 33843		CITY-S	ST-ZIP CLOS	JR. Alleb. Featlsound SEWATER, Fl. 3	2762		Ì	
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME		. 3000	46678-7016**	93	}	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS	66/02/03-	-01073016 *	®bl.∠⊃		
TITLE			4	51-211			Channa	Addition	
NAME		☐ Defete	NAME	1		ι	Change	Addition	
STREET ADDRESS	1			T ADDRESS				}	
CITY-ST-ZIP			0.34	T_7 P				(
		·	CITY-S	// EII			<u> </u>		
TITLE		☐ Delete	TITLE	71 2.11	· <u>-</u>		Change	Addition	
NAME		☐ Delete	TITLE		•	[Change	Addition	
		☐ Delete	TITLE	T ADORESS		[Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby (certify that the information supplied with t	his filing does not quality for	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	ection 119.07(3)(i), Flori	da Statutes. I further certify			

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

7/24/03 Chuel 863)