

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006484

1. Entity Name

NEW LIFE FAMILY CHURCH IN CHRIST, INC.

Principal Place of Business

Mailing Address

13834 98 BYPASS ROAD
DADE CITY FL 33525

PO BOX 1514
DADE CITY FL 33526-1514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3491695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, DOMETA
38740 11TH AVENUE
ZEPHYRHILLS FL 33540

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☐ Delete
NAME MCCLENDON, JESSE B
STREET ADDRESS 14419 DELMAR ST.
CITY-ST-ZIP DADE CITY FL 33525

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

TITLE VPT ☐ Delete
NAME COWARD, SAUNDRA
STREET ADDRESS 20716 WORMACK ROAD
CITY-ST-ZIP DADE CITY FL 33525

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

TITLE TT ☐ Delete
NAME REDMON, JESSIE
STREET ADDRESS 14828 11TH STREET
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE ST ☐ Delete
NAME REED, FREDDIE
STREET ADDRESS 37304 MOCERI AVENUE
CITY-ST-ZIP DADE CITY FL 33525

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

TITLE TT ☐ Delete
NAME MCCLENDON, FREEMAN D
STREET ADDRESS 37225 GOLDENROD ST, APT #108
CITY-ST-ZIP DADE CITY FL 33523

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90073 044 ****61.50



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)