2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006484

1. Entity Name

NEW LIFE FAMILY CHURCH IN CHRIST, INC.

FILED

01 SEP 27 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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 After September 12, 2001, min. will be $236.25	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 NAME STREET ADDRESS CITY-ST-ZIP	PT MCCLENDON, JESSE B 14419 DELMAR ST. DADE CITY FL 33525 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERT STEELE 38934 old SPARKMAN DADE CITY FL 33523 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COWARD, SAUNDRA 20718 WORMACK ROAD DADE CITY FL 33525 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT REDMON, JESSIE 14828 11TH STREET DADE CITY FL 33523 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400004627404--5 -10/08/01--01080--001 ****236.25 ****236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REED, FREDDIE 37304 MOCERI AVENUE DADE CITY FL 33525 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MCCLENDON, FREEMAN D 37225 GOLDENROD ST, APT #108 DADE CITY FL 33523 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 9/24/01 352 523-1522

CR2E037 (5/01)