

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

0042658

DOCUMENT # N97000002976

1. Entity Name

NEW LIFE PENTECOSTAL CHURCH OF GOD, INC.

04-07-2001 90007 014 *****70.00

Principal Place of Business

Mailing Address

**1220 N.W. 116 TERRACE
 MIAMI FL 33167**

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 MIAMI FL 33167**

2. Principal Place of Business

1130 NW 119 Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-0764614

Applied For

Not Applicable

Zip
33168

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BAKER, JOANNE
 1220 N.W. 116 TERRACE
 MIAMI FL 33167**

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 **PS** ☐ Delete
 NAME **JOANNE BAKER**
 STREET ADDRESS **1220 NW 116TH TERR.**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE **VTD** ☐ Delete
 NAME **GENE BAKER**
 STREET ADDRESS **1220 NW 116TH TERR.**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE **D** ☐ Delete
 NAME **BEULAH JACKSON**
 STREET ADDRESS **13134 PORT SAID RD.**
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE **D** ☐ Delete
 NAME **KENYA BAKER**
 STREET ADDRESS **1220 NW 116TH TERR.**
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **JOANNE BAKER**
 STREET ADDRESS **1220 NW 116 TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33167**

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

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

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

TITLE **S** ☐ Change ☒ Addition
 NAME **TAMARA BAKER**
 STREET ADDRESS **1220 NW 116 TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33167**

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: **Gene Baker** **R GENE BAKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-01

Date

(305) 687-3369

Daytime Phone #

CR2E037 (10/00)