

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003327

1. Entity Name

NEW LIFE FAMILY CHURCH OF MARIANNA, FLORIDA, INC

Principal Place of Business

4028 LAFAYETTE ST.
MARIANNA FL 32446

Mailing Address

4028 LAFAYETTE ST.
MARIANNA FL 32446

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3212360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, JEFF
4028 LAFAYETTE ST.
MARIANNA FL 32446

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 DP
NAME WARD, JEFF ☐ Delete
STREET ADDRESS 2951 MONEYHAM RD.
CITY-ST-ZIP MARIANNA FL 32448

TITLE ED
NAME WARD, SANDRA ☐ Delete
STREET ADDRESS 2951 MONEYHAM RD.
CITY-ST-ZIP MARIANNA FL 32448

TITLE ED
NAME SPATARO, CARL ☐ Delete
STREET ADDRESS 2669 CHOCTAW TRAIL
CITY-ST-ZIP MARIANNA FL 32446

TITLE ED
NAME GREEN, DAVID ☐ Delete
STREET ADDRESS 2927 DOGWOOD DR.
CITY-ST-ZIP MARIANNA FL 32446

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 ☐ 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 ☐ 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

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:

Jeff Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 march 2002 (850) 526-2132

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE