

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90053 024 ****70.00

DOCUMENT # N97000003526

1. Entity Name

NEW LIFE FULL GOSPEL CHURCH OF CHRIST INC.



Principal Place of Business
**3016 NORTH ARMENIA AVE.
TAMPA FL 33607**

Mailing Address
**1140 W. LASALLE ST
TAMPA FL 33607**

53001400



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3414318**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**THORNTON, IRA
3016 NORTH ARMENIA AVE.
TAMPA FL 33607**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **D**
NAME **THORNTON, IRA S**
STREET ADDRESS **1140 W. LASALLE ST**
CITY-ST-ZIP **TAMPA FL 33607**

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

TITLE ☒ **D**
NAME **VALDES, THEODORE**
STREET ADDRESS **3509 N 15TH ST**
CITY-ST-ZIP **TAMPA FL 33605**

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

TITLE ☒ **T**
NAME **SIPLIN, JULIAN**
STREET ADDRESS **1821 CHESTNUT ST**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ **D**
NAME **Kathartis R. Neal**
STREET ADDRESS **2628 15th Av. So.**
CITY-ST-ZIP **St Petersburg FL 33712** ☒ Change ☒ Addition

TITLE ☐ **D**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ **D**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ **D**
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ **D**
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA S. Thornton 1-12-03

Date **813-2588142**

CR2037 (10/02)