

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006287

1. Entity Name

NEW LIFE EVANGELISTIC FELLOWSHIP, INC.

Principal Place of Business

4319 NORTH SHORE DR
WEST PALM BEACH FL 33407

Mailing Address

216 ELAINE CIR EAST
WEST PALM BEACH FL 33409-3747

2. Principal Place of Business

1233 45TH Street

3. Mailing Address

Suite, Apt. #, etc.

A7

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33407

Country

Zip

Country

4. FEI Number

31-1633591-65-08004831-1633591

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

WATFORD, ROBERT
216 ELAINE CIR EAST
WEST PALM BEACH FL 33409

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 PD
NAME WATFORD, ROBERT
STREET ADDRESS 216 ELAINE CIR EAST
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME DONAWAY, CURTIS
STREET ADDRESS 4235 WAVERLY DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33407

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME MOORE, DOROTHEA
STREET ADDRESS 1414 SOUTH "J" ST
CITY-ST-ZIP LAKE WORTH FL 33460

☐ Delete

TITLE S
NAME Moore, Dorothea
STREET ADDRESS 1414 South "J" ST
CITY-ST-ZIP Lake Worth, FL 33460

☒ Change ☐ Addition

TITLE T
NAME DONAWAY, ELOIS
STREET ADDRESS 4235 WAVERLY DR
CITY-ST-ZIP WEST PALM BEACH FL 33407

☐ Delete

TITLE VS
NAME Watford, Mary C
STREET ADDRESS 216 Elaine Circle East
CITY-ST-ZIP West Palm Beach, FL 33409

☐ Change ☒ Addition

TITLE AT
NAME WATFORD, MARY C
STREET ADDRESS 216 ELAINE CIR EAST
CITY-ST-ZIP W PALM BCH FL 33409

☒ Delete

TITLE AT
NAME Cadogan, JoAnn
STREET ADDRESS 3105 ARE "E"
CITY-ST-ZIP Riviera Beach, FL 33404

☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Watford

4/29/00

561-689-6321

Date

Daytime Phone #

CR2E037 (9/99)