

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # N97000006287****1. Entity Name**
NEW LIFE EVANGELISTIC FELLOWSHIP, INC.**Principal Place of Business**
1233 -45TH ST.
A7
WEST PALM BEACH FL 33407**Mailing Address**
216 ELAINE CIR EAST
WEST PALM BEACH FL 33409**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
31-1633591Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**WATFORD ROBERT
216 ELAINE CIR EASTWEST 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 ROBERT WATFORD****04/26/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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** VS ☐ Delete
NAME WATFORD MARY C
STREET ADDRESS 216 ELAINE CIR E.
CITY-ST-ZIP WEST PALM BEACH FL 33409**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** AT ☐ Delete
NAME CADOGAN JOANN
STREET ADDRESS 3105 AVE
CITY-ST-ZIP WEST PALM BEACH FL 33404**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** T ☐ Delete
NAME DONAWAY ELOIS
STREET ADDRESS 4235 WAVERLY DR
CITY-ST-ZIP WEST PALM BEACH FL 33407**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** S ☐ Delete
NAME MOORE DOROTHEA
STREET ADDRESS 1414 SOUTH "J" ST
CITY-ST-ZIP LAKE WORTH FL 33460**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VD ☐ Delete
NAME DONAWAY CURTIS
STREET ADDRESS 4235 WAVERLY DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33407**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** PD ☐ Delete
NAME WATFORD ROBERT
STREET ADDRESS 216 ELAINE CIR EAST
CITY-ST-ZIP WEST PALM BEACH FL 33409**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)(f), 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: Robert Watford**

PD 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)