

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90366 035 \*\*\*\*61.25

**DOCUMENT # N98000000758**

1. Entity Name

**NEW FREEDOM WORSHIP CENTER, INC.**

Principal Place of Business

Mailing Address

1419 W WATERS AVE.  
 STE 111  
 TAMPA FL 33614  
 US

P.O. BOX 272085  
 TAMPA FL 33688-2085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3491826**

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

AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name **DANILO Gutierrez, SR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15013 Redcliff Dr**  
 City **TAMPA** FL Zip Code **33625**

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

*Daniilo Gutierrez SR*

**DANILO Gutierrez, SR, Pres.**

DATE

**4/20/00**

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

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**SEE 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	<input type="checkbox"/> Delete
NAME	GUTIERREZ, DANILO SR.	
STREET ADDRESS	15013 RADCLIFF DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUTIERREZ, FRANCES B	
STREET ADDRESS	15013 RADCLIFF DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBERSON, INEZ S	
STREET ADDRESS	9703 MARTHA RD	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	STICKLEY, STEVEN E	
STREET ADDRESS	4433 WEST PINTOR PLACE	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	D	<input type="checkbox"/> Delete
NAME	KYGER, CATHERINE L	
STREET ADDRESS	6001 N HIMES ST	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gutierrez, Frances B.	
STREET ADDRESS	15013-Redcliff DR	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	TREASURER/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberson, INEZ S.	
STREET ADDRESS	9703 Martha Rd	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Frances B. Gutierrez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/00 (813) 248-4905**

CR2E037 (9/99)