

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90311 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**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

**6533 N. Khyber Avenue**

3. Mailing Address

**P.O. Box 272085**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Dunnellon, FL**

City & State  
**Tampa, FL**

4. FEI Number

**59-3491826**

Applied For

Not Applicable

Zip  
**34433**

Country  
**USA**

Zip  
**33688-2085**

Country  
**USA**

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

**GUTIERREZ, DANILO  
 15013 REDCLIFF DR  
 TAMPA FL 33625**

Name

**Danilo Gutierrez**

Street Address (P.O. Box Number is Not Acceptable)

**6533 N. Khyber Avenue**

City

**Dunnellon**

**FL**

Zip Code

**34433**

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

*Danilo Gutierrez Sr.*

**Danilo Gutierrez, Sr., Pres. April 25, 2002**

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	<input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, DANILO SR.</b>	
STREET ADDRESS	<b>15013 RADCLIFF DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33625</b>	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	<b>GUTIERREZ, FRANCES B</b>	
STREET ADDRESS	<b>15013 RADCLIFF DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33625</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBERSON, INEZ S</b>	
STREET ADDRESS	<b>9703 MARTHA RD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>DOBBINS, TERRY</b>	
STREET ADDRESS	<b>9716 HICKORY ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33635</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LOPEZ, ROSARY</b>	
STREET ADDRESS	<b>3210 GRACE ST</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gutierrez, Danilo Sr.</b>	
STREET ADDRESS	<b>6533 N. Khyber Ave.</b>	
CITY-ST-ZIP	<b>Dunnellon, FL 34433</b>	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gutierrez, Frances B.</b>	
STREET ADDRESS	<b>6533 N. Khyber Avenue</b>	
CITY-ST-ZIP	<b>Dunnellon, FL 34433</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lopez, Rosary</b>	
STREET ADDRESS	<b>3210 Grace St.</b>	
CITY-ST-ZIP	<b>Tampa, FL 33607</b>	
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:**

*Danilo Gutierrez Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

Date

**(352) 795-8655**

Daytime Phone #

CR2E037 (9/01)