

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/6

DOCUMENT # N98000001067

1. Entity Name

NEW LIFE INDEPENDENT CHURCH CORP.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90122 039 \*\*\*\*61.25

Principal Place of Business	Mailing Address
PO BOX 814 WILLISTON FL 33325	PO BOX 814 WILLISTON FL 32696-0814

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	Applied For
59-3510033	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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## 6. Name and Address of Current Registered Agent

LAROCAR, CHRIS  
 1201 NW 112 AVE  
 PLANTATION FL 33323

## 7. Name and Address of New Registered Agent

Name	LUCAS, NINA
Street Address (PO Box Number is Not Acceptable)	1201 NW 112 AVE
City	Plantation FL FL 33323

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 Nina Lucas

(NOTE: Registered Agent signature required when reinstating)

DATE 2/13/00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUCAS, CHRISTINA	
STREET ADDRESS	1201 NW 112 AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, PAULA	
STREET ADDRESS	11522 8THND 86	
CITY-ST-ZIP	DAVE FL 33375	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONNAY, CAROL	
STREET ADDRESS	11522 ST ND 8	
CITY-ST-ZIP	DAVE FL 33375	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C. Terrera	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11522 ST RD 84	
STREET ADDRESS	DAVE FL 33325	
CITY-ST-ZIP	DIRECTOR	
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		
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:

SIGNATURE REQUIRED West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)