# 200[illegible] UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # N98000001067

1. Entity Name

New Life Independent Church Corp

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 11 PM 6:32

| Principal Place of Business | Mailing Address |
|---|---|
| PO Box 814<br>Williston, Fl 32696 | |

| 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 593510033 ☐ 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 |
|---|---|
| LUCAS, NINA<br>1201 NW 112 AVE<br>Plantation Fl 33323 | Name: Paula West<br>Street Address (P.O. Box Number is Not Acceptable): 11332 S N Hwy 27<br>City: Ocala FL Zip Code: 34476 |

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: Paula West N/A 9/1/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>Lucas, Christina<br>12Ft NW 112 AVE<br>Ft Lauderdale Fl 33325 | ☒ Delete | P/D<br>Perera, C<br>PO Box 814<br>Williston Fl 32696 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Chris Terrera<br>11522 St Rd 84<br>DAVIE, Fl 33325 | ☒ Delete | Anderson, J<br>PO Box 814<br>Williston Fl 32696 (D) | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | Paula West<br>PO Box 814<br>Williston Fl 32696 (P) | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 200004653972--10<br>-10/25/01--01070--036<br>*****55.00 *****55.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | AD | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (11/00)

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: P/D 9/1/01 (352) 8400001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #