

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001067

FILED
Mar 19, 2003
Secretary of State

Entity Name: NEW LIFE INDEPENDENT CHURCH CORP.

Current Principal Place of Business:

PO BOX 814
WILLISTON, FL 33325

New Principal Place of Business:

Current Mailing Address:

PO BOX 814
WILLISTON, FL 33325

New Mailing Address:

FEI Number: 59-3510033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, PAULA
113275 N. HWY 27
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DD () Delete
Name: TERERA, C
Address: PO BOX 814 AVE.
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: WEST, PAUL
Address: PO BOX 814 AVE.
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: ANDERSON, J
Address: PO BOX 814 AVE.
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: TERERA, D
Address: PO BOX 814
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANDERSON, S
Address: PO BOX 814 AVE.
City-St-Zip: WILLISTON, FL 32696

Title: D (X) Change () Addition
Name: ANTHONYPERERA, D
Address: PO BOX 814
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D ANTHONYPERERA

D

03/19/2003

Electronic Signature of Signing Officer or Director

Date