Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NAME OF

FILED DOCUMENT # N98000001291 Jan 14, 2000 8:00 am **Secretary of State** NEW LIFE PRAISE AND WORSHIP MINISTRY, INC. 01-14-2000 90039 001 ****70.00 Principal Place of Business Mailing Address 4602 N.W.18TH STREET 4602 N.W.18TH STREET MIAMI FL 33142 MIAMI FL 33167-1027 2. Principal Place of Business 3. Mailing Address 4630 South 14630 South River Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0882568 Not Applicable Country Country \$8.75 Additional 5.- Certificate of Status Desired DADI= 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent (P.O. Box Number is Not Acceptable) THARPE-FELTON, HARRIETT 4602 N.W.18TH STREET **MIAMI FL 33142** Zip Code 331 6 7 City MiAMI 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. 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME HARRIEH THARPE-FEITON THARPE-FELTON, HARRIETT 14630 SOUTH RIVER DRIVE STREET ADDRESS STREET ADDRESS 4602 N.W. 18TH AVENUE CITY-ST-ZIP CITY-ST-ZIP Miami FL 83167 MIAMI FL 33142 TITLE ☐ Addition TITLE TD ☐ Delete **Change** William F. Felton SR NAME NAME FELTON, WILLIAM F SR STREET ADDRESS STREET ADDRESS 14630 South RIVER DRIVE 4602 N.W:18TH STREET CITY-ST-ZIP CITY-ST-ZIP Miami FL MIAMI FL 33142 TITLE SD ☐ Delete TITLE Change ☐ Addition NAME NAME MACK, JANET STREET ADDRESS STREET ADDRESS 1788 NW 65 STREET CITY-ST-7IE CITY-ST-7IP MIAMI FL 33147 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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