

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001839

1. Entity Name

NEW LIFE COMMUNITY CHURCH OF WEST VOLUSIA, INC.

Principal Place of Business

Mailing Address

1390 HEATHER GLEN DR
DELAND FL 32724

1390 HEATHER GLEN DR
DELAND FL 32724-8027

2. Principal Place of Business

1554 Rockwell Hgts Dr
Suite, Apt. #, etc.
DeLand

3. Mailing Address

1554 Rockwell Hgts Dr
Suite, Apt. #, etc.
DeLand

City & State

DeLand FL

City & State

DeLand FL

Zip
32724

Country
USA

Zip
32724

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

Name

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

1554 Rockwell Heights Dr

City

DeLand

FL

Zip Code

32724

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 *Patricia Joslin*

Patricia Joslin

1/19/00

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

TITLE ☐ Delete

NAME
JOSLIN, JOHN
STREET ADDRESS
1390 HEATHER GLEN DR.
CITY-ST-ZIP
DELAND FL 32724

1554 Rockwell Hgts Dr
DeLand FL 32724

TITLE ☐ Delete

NAME
JOSLIN, PATRICIA
STREET ADDRESS
1390 HEATHER GLEN DR.
CITY-ST-ZIP
DELAND FL 32724

Same as above

TITLE ☐ Delete

NAME
MULKER, BOB
STREET ADDRESS
1390 HEATHER GLEN DR.
CITY-ST-ZIP
DELAND FL 32724

Same as above

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
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: *Patricia Joslin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00 904-740-9141