

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004982

NEW LIFE FAMILY WORSHIP CENTER CHURCH, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90034 047 ****61.25

Principal Place of Business

2541 LAURELWOOD LANE
 VALRICO FL 33594

Mailing Address

2541 LAURELWOOD LANE
 VALRICO FL 33594

2. Principal Place of Business

2541 Laurelwood Ln
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 462
 Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Valrico FL

Zip

33594

Country

US

Zip

33595

Country

U.S.

4. FEI Number

59-3530897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
After September 13, 2000 min. will be \$236.25

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 PSTD
 STREET ADDRESS PULLIE, WILLIAM A
 CITY-ST-ZIP 2541 LAURELWOOD LANE
 VALRICO FL 33594

TITLE ☐ Delete
 NAME D
 STREET ADDRESS PULLIE, MELISSA S
 CITY-ST-ZIP 2541 LAURELWOOD LANE
 VALRICO FL 33594

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HODGES, DAVID
 CITY-ST-ZIP 2541 LAURELWOOD LANE
 VALRICO FL 33594

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

William A. Pullie
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-00

813-681-8334

Date

Daytime Phone #

CR2E037 (5/00)