

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90118 047 ****70.00

DOCUMENT # N98000006731

1. Entity Name

NEW LIFE CHRISTIAN CHURCH INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**US 90 WEST
RT 3, BOX 2500
MADISON FL 32340
US**

**US 90 WEST
RT 3, BOX 2500
MADISON FL 32340
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3230839**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERSON, CONNIE S
RT 3 BOX 2500
US 90 WEST
MADISON FL 32340**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **STRICKLAND, GLENN P**
STREET ADDRESS **RT 2, BOX 523**
CITY-ST-ZIP **MADISON FL 32340**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **STRICKLAND, TIFFANY**
STREET ADDRESS **RT 2, BOX 523**
CITY-ST-ZIP **MADISON FL 32340**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **HARVEY, PETER**
STREET ADDRESS **846 NE OREGAO AVE**
CITY-ST-ZIP **PINETTA FL 32350**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PF** Delete
NAME **PETERSON, JOHN L**
STREET ADDRESS **RT 3, BOX 2500**
CITY-ST-ZIP **MADISON FL 32340**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **HARVEY, KATHY**
STREET ADDRESS **846 NE OREGANO AVE**
CITY-ST-ZIP **PINETTA FL 32350**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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

John L. Peterson
JOHN L. PETERSON

John L. Peterson
1-7-03 850-973-3950

CR2E037 (10/02)