## 2000 UNIFORM BUSINESS REPORT (UBK)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # N98000007024 May 15, 2000 8:00 am Secretary of State NEW TESTAMENT COMMUNITY BAPTIST CHURCH, INC. 05-15-2000 90182 002 \*\*\*\*70.00 Principal Place of Business Mailing Address 1951 SUMMIT TOWER BLVD 1462 DEER LAKE CIRCLE SALON B-2ND FLOOR APOPKA FL 32712-2939 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3547826 Not Applicable Zip Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STRONG, WILLIE R SR. 1462 DEER LAKE CIRCLE APOPKA FL 32712 Zip Code City 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE Change NAME NAME STRONG, SR, WILLIE R STREET ADDRESS STREET ADDRESS 1462 DEER LAKE CIR CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Delete **X** Change ☐ Addition TITI F TITLE STRONG, JEANIE! NAME STRONG, JEANIE Z NAME 1402 Déer Lake Circle Apopka, FL 32712 STREET ADDRESS STREET ADDRESS 1462 DEER LAKE CIR .CITY-ST-ZIP CITY-ST-7IP APOPKA FL 32712 ☐ Addition TITLE ☐ Delete TITLE Change Change STRONG, ALESHIA NAME STRONG, ALESHIA J NAME 1462 Deer Lake Circle STREET ADDRESS STREET ADDRESS 1462 DEER LAKE CIR CITY-ST-ZIP CITY-ST-7IP APOPKA FL 32712 Change **X**Addition TITLE Delete TITLE NAME HOWARD, WILLIE M NAME STREET ADDRESS 1018 CHERRY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33811 ☐ Delete 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-7IP 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

Daytime Phone #

Date