

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001058

FILED
May 01, 2003
Secretary of State

Entity Name: NEW LIFE CHRISTIAN CENTER OF ORLANDO, INC.

Current Principal Place of Business:

1320 N. SEMORAN BOULEVARD
SUITE 108
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1320 N. SEMORAN BOULEVARD
SUITE 108
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 59-3595508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRACE, DAVID R
6500 SOUTH HIGHWAY 17-92
FERN PARK, FL 32730 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: JONES, HENRY
Address: 1320 N. SEMORAN BOULEVARD, SUITE 108
City-St-Zip: ORLANDO, FL 32807

Title: DT () Delete
Name: OTIENO, CHARLSIE
Address: 1320 N. SEMORAN BOULEVARD, SUITE 108
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: MARROW, TAMMY
Address: 1320 N. SEMORAN BOULEVARD, SUITE 108
City-St-Zip: ORLANDO, FL 32807

Title: PD () Delete
Name: JONES, GLORIA
Address: 1320 N. SEMORAN BOULEVARD, SUITE 108
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY JONES

DV

05/01/2003

Electronic Signature of Signing Officer or Director

Date