

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # N99000005270

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Entity Name
NEWNESS OF LIFE WORSHIP CENTER INC.

Principal Place of Business **Mailing Address**
2037 GOLF VISTA CT
ORLANDO, FL 32808

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
59-3596694 **Applied For**
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAXEY E. WILLIAMS
2037 GOLF VISTA CT
ORLANDO, FL 32808

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: *Maxey E. Williams* Date: 11-14-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$61.25
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00**
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD Delete
NAME: MAXEY E. WILLIAMS
STREET ADDRESS: 2037 GOLF VISTA CT
CITY - ST - ZIP: ORLANDO, FL 32808

TITLE: Change Addition
NAME: **800003492978**
STREET ADDRESS: **12/11/00-01023**
CITY - ST - ZIP: ****1999.25****

TITLE: D Delete
NAME: MACK C. HOLMES
STREET ADDRESS: 2037 GOLF VISTA CT
CITY - ST - ZIP: ORLANDO, FL 32808

TITLE: Change Addition
NAME: **11-14-00**
STREET ADDRESS: **11-14-00**
CITY - ST - ZIP: **11-14-00**

TITLE: D Delete
NAME: SERINA ARNOLD
STREET ADDRESS: 2037 GOLF VISTA CT
CITY - ST - ZIP: ORLANDO, FL 32808

TITLE: Change Addition
NAME: **11-14-00**
STREET ADDRESS: **11-14-00**
CITY - ST - ZIP: **11-14-00**

TITLE: D Delete
NAME: SABRINA BELTON
STREET ADDRESS: 2037 GOLF VISTA CT
CITY - ST - ZIP: ORLANDO, FL 32808

TITLE: Change Addition
NAME: **11-14-00**
STREET ADDRESS: **11-14-00**
CITY - ST - ZIP: **11-14-00**

TITLE: Delete
NAME: WILLIE RAY
STREET ADDRESS: 2037 GOLF VISTA CT
CITY - ST - ZIP: ORLANDO, FL 32808

TITLE: Change Addition
NAME: **11-14-00**
STREET ADDRESS: **11-14-00**
CITY - ST - ZIP: **11-14-00**

TITLE: Delete
NAME: **11-14-00**
STREET ADDRESS: **11-14-00**
CITY - ST - ZIP: **11-14-00**

TITLE: Change Addition
NAME: **11-14-00**
STREET ADDRESS: **11-14-00**
CITY - ST - ZIP: **11-14-00**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maxey E. Williams* Date: 11-14-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

34 (9/99)

Robinson Accounting

11/14/00

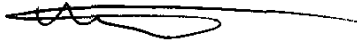
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that NEWNESS OF LIFE WORSHIP CENTER, INC. ,
has relocated. The named Corporation did not receive a Annual Corporate Report.
Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson
Robinson Accounting of America Inc.

