

2000 UNIFORM BUSINESS REPORT (UBR)

9/19/00-90001-017-\$61.25-\$61.25

DOCUMENT # N99000005543

1. Entity Name

NEW LIFE WORSHIP CENTER: INTERNATIONAL INC.

FILED
SECRETARY OF STATE
CORPORATIONS

00 NOV 27 PM 12:53

A0079583



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1116 EAST DOMMEGAM AVE.
KISSIMMEE FL 34743
819 N. CENTRAL AVE
KISSIMMEE FL 34741

Mailing Address
1116 EAST DOMMEGAM AVE.
KISSIMMEE FL 34743
819 N. CENTRAL AVE
KISSIMMEE FL 34741

2. Principal Place of Business
819 N. CENTRAL AVE

3. Mailing Address
Suite, Apt. #, etc.

City & State
KISSIMMEE FL.

City & State

Zip
34741

Country
OSCEOLA

Zip
Country

4. FEI Number
593305246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLLISTON, ALVIN
708 ADRAINE PK. CIRCLE
KISSIMMEE FL 34744

Name
ALVIN WOLLISTON

Street Address (P.O. Box Number is Not Acceptable)
708 ADRAINE PK C.R.

KISSIMMEE

City FL Zip Code 34741

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 *Alvin Wolliston* 9-14-00

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 NAME STREET ADDRESS CITY-ST-ZIP	ALVIN WOLLISTON (PRESIDENT) 708 ADRIAN PK C.R. KISS. FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA WOLLISTON (VICE PRESIDENT) 708 ADRIAN PK C.R. KISS. FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEBORAH THOMAS GARDEN CT. KISS. FL 34741 (DIRECTOR)	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIRVIN HARRISON (TREASURER) 11342 S.W. WINDSTON WAY ORLANDO FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alvin Wolliston* 9-14-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)

Attachment
W990000 5543
400791582

New Life Worship Center International

819 N. Central Avenue • Kissimmee, Florida 34741 • (407) 935-1030

September 14, 2000

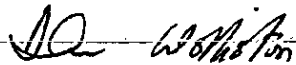
DIVISION OF CORPORATION
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302

To Whom It May Concern:

Please find enclosed our check in the amount of \$61.25 for our annual report. We have relocated (please note our new address above) and the SECOND NOTICE of the report from your office was sent to the old address. Consequently we are one day late in returning our filing documents (we have not received the first one).

We realize because of the change in address our mail was delayed, thus causing us to be a day behind. We do, however, respectfully ask that you receive our payment of \$61.25 and that our late fee will be waived.

Respectfully,



Alvin Wolliston
President