2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006021

City-St-Zip:

Entity Name: NEW LIFE OUTREACH PROGRAMS, INC.

FILED May 01, 2003 Secretary of State

Current B	rincipal Place	of Business		Now Principal Place of Rusiness:			
Current Principal Place of Business:				New Principal Place of Business:			
1700 N DAVIS ST JACKSONVILLE, FL 32209				2016 ANNISTON ROAD JACKSONVILLE, FL 32246			
Current Mailing Address:				New Mailing Address:			
1700 N DAVIS ST JACKSONVILLE, FL 32209				2016 ANNISTON ROAD JACKSONVILLE, FL 32246			
FEI Number:	: 59-3609267	FEI Number Applied For ()	FEI Numb	er Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
RICHARDSON, ANTONIO 1700 N DAVIS ST JACKSONVILLE, FL 32209				RICHARDSON, ANTONIO 2016 ANNISTON ROAD JACKSONVILLE, FL 32246			
The above in the State	named entity e of Florida.	submits this statement for th	e purpose of o	changing it	s registere	ed office or registered agent, or both,	
SIGNATURE: ANTONIO RICHARDSON				05/01/2003			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP (RICHARDSON, 8467 PERKINS JACKSONVILL	СТ	N A	itle: lame: ddress: ity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (LEWIS, CHRIS 2836 W 6TH S' JACKSONVILL	Г	N A	itle: ame: ddress: ity-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	GIBSON, ROB 1700 N DAVIS JACKSONVILL	E, FL 32209	N A C	itle: lame: ddress: :ity-St-Zip:	DT (X) Change () Addition GIBSON, ROB 2016 ANNISTON ROAD DIACKSONVILLE, FL 32246		
Title: Name: Address:	e:		N	itle: ame: ddress:	D () Change (X) Addition RICHARDSON, CYNTHIA 2016 ANNISTON ROAD		

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.

City-St-Zip: JACKSONVILLE, FL 32246

SIGNATURE: CHRISTOPHER J. LEWIS DS 05/01/2003