

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007204

1. Entity Name

NEW LIFE CHURCH, INC.

Principal Place of Business

5900 TIPPIN AVENUE
PENSACOLA FL 32504

Mailing Address

5900 TIPPIN AVENUE
PENSACOLA FL 32504

2. Principal Place of Business

5900 TIPPIN Ave
Suite, Apt. #, etc.

3. Mailing Address

6003 Enfinger Rd
Suite, Apt. #, etc.

City & State

Pensacola

City & State

Pace FL

Zip

Country

Zip

32571

Country

4. FEI Number

59-3661688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUNDAY, RAYMOND E
1625 ENFINGER ROAD
MILTON FL 32571

7. Name and Address of New Registered Agent

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

Raymond E Sunday

(NOTE: Registered Agent signature required when reinstating)

DATE

10-17-2001

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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 ☐ Delete

PD
NAME SUNDAY, RAYMOND E
STREET ADDRESS 1525 ENFINGER ROAD
CITY-ST-ZIP MILTON FL 32571

TITLE ☐ Delete

VTD
NAME SUNDAY, PATRICIA A
STREET ADDRESS 1525 ENFINGER ROAD
CITY-ST-ZIP MILTON FL 32571

TITLE ☐ Delete

SD
NAME GILBERT, JOY I
STREET ADDRESS 4331 MARTHA STREET
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-19-2001 90160 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)