2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000065574						query son and a second	FD			
1. Entity Name NEW-CHURCH PROPERTIES, INC.									V-	
World Financial Consulting, Inc.						03 JAN 14			V8	
Principal Place of Business Mailing Address 621 NW 53RD ST STE 240 BOCA RATON FL 33487 BOCA RATON FL 33487 Mailing Address 621 NW 53RD ST STE 240 BOCA RATON FL 33487						TALLAHASE	i ut stati ee. flori	ĎA.		
2. Principal Place of Business 3. Mailing Address 53d										
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			•	
City & State	Routen . A	City & State	Cortun	fl		4. FEI Number 01-363)		olied For Applicable	
3217	Country	3318	Coun	BA		5. Certificate of Status Desired		75 Addit Required		
	6. Name and Address of Current	Registered Agent		Name		7. Name and Address of New Re	gistered Agent	<u> </u>		
WILLITS, RYAN E ESQ					Street Address (P.O. Box Number is Not Acceptable)					
C/O WILLITS & LINZNER, P.A. 1001 W CYPRESS CREEK RD STE 320										
FT LAUDERDALE FL 33309							FL Z	Zip Code		
	named entity submits this statement for ions of registered agent	r the purpose of chang	ging its registere	ed office or r	egistered	d agent, or both, in the State of Flor	ida. I am familia	ar with, a	nd accept	
SIGNATURE TOMEN RELIGION, PROF. JAMES R. GELINAS 1/9/03										
····	signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature	required wi	hen reinstating)	DATE			
After	IÈÉ NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State				Election Campaign Fine Trust Fund Contribution			May Be to Fees	
10.	OFFICERS AND PSD		11.	·	P5	ADDITIONS/CHANGES TO OFFI		ECTORS Change	IN 11	
TITLE NAME	GELINAS, JAMES	☐ Delet	NAM	£ 1	6-eli	NE STAMES	•	_	Addition	
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CITY-ST-ZIP			CITY	-ST-ZIP						
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address	s true and accurate and owered to execute this	d that my signa report as requi	ture shall ha	ve the sa	ime legal effect as it made under o	ath: that I am ar	i officer o	or director	
SIGNAT	URE:	RINTED NAME OF SIGNING	FFICER OR DIRECT	ron .		1 8 03 5	1-893- Daytime		<u> </u>	