

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762825

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: NEW LIFE WORSHIP CENTER, INC. OF ORLANDO, FLORIDA

**Current Principal Place of Business:**

2342 HEMPEL AVENUE  
GOTHA, FL 34734

**New Principal Place of Business:**

**Current Mailing Address:**

2342 HEMPEL AVENUE  
GOTHA, FL 34734

**New Mailing Address:**

2342 HEMPEL AVE.  
GOTHA, FL 34734

FEI Number: 59-2315131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SAVOIE, BASIL K REV  
1049 AMERICAN BEAUTY STREET  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAVOIE, BASIL K.,  
Address: 1049 AMERICAN BEAUTY STREET  
City-St-Zip: ORLANDO, FL 32818

Title: VTD ( ) Delete  
Name: LYNCH, J. EDWARD,  
Address: 16216 LAKE JOHNS CIRCLE  
City-St-Zip: OAKLAND, FL 34760

Title: SD ( ) Delete  
Name: PARSONS, ERNESTINE,  
Address: 11631 LAKE KATHERINE CIR  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: REV. BASIL K. SAVOIE

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date