

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762825

**FILED**  
**Jan 25, 2012**  
**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:**

**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  
Name: SAVOIE, BASIL K.  
Address: 1049 AMERICAN BEAUTY STREET  
City-St-Zip: ORLANDO, FL 32818

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

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

I hereby 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 all other like empowered.

SIGNATURE: BASIL SAVOIE

REV.

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date