

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 SEP -5 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000203

1. Entity Name
WOODLANDS NEW LIFE CENTER, INC.



Principal Place of Business
4501 CROOKED ROAD
TALLAHASSEE, FL 32304

Mailing Address
3507 SHARER ROAD
TALLAHASSEE, FL 32312



09042006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3621746

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOMA, LARRY REV
3507 SHARER ROAD
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

500079521656
09/05/06--01036--011 **61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCOMA, LARRY REV
STREET ADDRESS 3507 SHARER ROAD
CITY - ST - ZIP TALLAHASSEE, FL 32312

TITLE TD
NAME SCOMA, MARIO
STREET ADDRESS 2319 TALLEY LANE
CITY - ST - ZIP TALLAHASSEE, FL 32304

TITLE SD
NAME SCOMA, TIFFANY
STREET ADDRESS 2320 TALLEY LANE
CITY - ST - ZIP TALLAHASSEE, FL 32304

TITLE VPD
NAME SCOMA, SUSAN
STREET ADDRESS 3507 SHARER RD
CITY - ST - ZIP TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY SCOMA

9-4-06 (850) 556 7066

Date

Daytime Phone #

9/5/06