

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000203

FILED
Apr 16, 2008
Secretary of State

Entity Name: WOODLANDS NEW LIFE CENTER, INC.

Current Principal Place of Business:

4501 CROOKED ROAD
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

3507 SHARER ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3621746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOMA, LARRY REV
3507 SHARER ROAD
TALLAHASSEE, FL 32312 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: SCOMA, LARRY REV
Address: 3507 SHARER ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: SCOMA, MARIO
Address: 2319 TALLEY LANE
City-St-Zip: TALLAHASSEE, FL 32304

Title: SD () Delete
Name: SCOMA, TIFFANY
Address: 2320 TALLEY LANE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPD () Delete
Name: SCOMA, SUSAN
Address: 3507 SHARER RD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: SCOMA, MARIO
Address: 3507 SHARER ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD (X) Change () Addition
Name: SCOMA, TIFFANY
Address: 3507 SHARER ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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. LARRY SCOMA

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date