

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 20, 2004
Secretary of State**

DOCUMENT# N03000001362

Entity Name: NEW LIFE PROJECT, INC.

Current Principal Place of Business:

5140 NIXON LANE
ELKTON, FL 32033

New Principal Place of Business:

7455 S. R. 207
ELKTON, FL 32033 US

Current Mailing Address:

5140 NIXON LANE
ELKTON, FL 32033

New Mailing Address:

7455 S. R. 207
ELKTON, FL 32033 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSS, NORMAN
3290 NW 47TH STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

WANDA, POWELL T
7455 S. R. 207
ELKTON, FL 32033 US

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: WANDA T. POWELL

10/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ROSS, NORMAN
Address: 3290 NW 47TH STREET
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: JOHNSON, LUCY
Address: 800 WEST 2ND STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TD () Delete
Name: RIVERS, ROLAND
Address: 20200 SW 114TH AVE.
City-St-Zip: MIAMI, FL 33189

Title: CEOD () Delete
Name: POWELL, WANDA
Address: 5140 NIXON LANE
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: LEWIS, WENDY M
Address: 721 N. ORANGE STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: CD (X) Change () Addition
Name: JOHNSON, LUCY
Address: 800 WEST 2ND STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

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

Title: CEOD (X) Change () Addition
Name: POWELL, WANDA
Address: 7455 S. R. 207
City-St-Zip: ELKTON, FL 32033

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WANDA T. POWELL

CEOD

10/20/2004

Electronic Signature of Signing Officer or Director

Date