

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# N03000001362

Entity Name: NEW LIFE PROJECT, INC.

Current Principal Place of Business:

7455 S. R. 207
ELKTON, FL 32033 US

New Principal Place of Business:

Current Mailing Address:

7455 S. R. 207
ELKTON, FL 32033 US

New Mailing Address:

FEI Number: 20-1772034 FEI Number Applied For () FEI Number Not Applicable () 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:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: CD () Delete
Name: JOHNSON, LUCY
Address: 1249 PARADISE POND
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T () Delete
Name: BRYANT, PETRONIA
Address: 7445 S.R. 207
City-St-Zip: ELKTON, FL 32033

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MCSWAIN, NORITA
Address: 495 SOUTH VOLUSIA
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: P (X) Change () Addition
Name: JOHNSON, REGENIA
Address: 12 BURNLEY PLACE
City-St-Zip: PALM COAST, FL 32137

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

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

Title: V () Change (X) Addition
Name: MCMILLAN, MISTY
Address: 772 WEST 4TH STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Change (X) Addition
Name: BROWN, TREASHA
Address: 607 SOUTH MOODY ROAD
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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: WANDA T. POWELL

Electronic Signature of Signing Officer or Director

CEO

03/05/2007

Date