

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N03000001362

Entity Name: NEW LIFE PROJECT, INC.

Current Principal Place of Business:

5140 NIXON LANE
ELKTON, FL 32033 US

New Principal Place of Business:

Current Mailing Address:

5140 NIXON LANE
ELKTON, FL 32033 US

New Mailing Address:

FEI Number: 20-1772034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANDA, POWELL T
5140 NIXON LANE
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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: MCMILLAN, MISTY
Address: 528 FRANCIS STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

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

Title: V () Delete
Name: MCMILLAN, MISTY
Address: 528 FRANCIS STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: NORITA MCSWAIN

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date