

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000411

FILED
Jan 26, 2005
Secretary of State

Entity Name: NEW LIFE MINISTRIES AND COMMUNITY CENTER INC.

Current Principal Place of Business:

3033 JENNA ST.
TALLAHASSEE, FL 32303

New Principal Place of Business:

1002 APPELYARD DRIVE
TALLAHASSEE, FL 32304 US

Current Mailing Address:

3033 JENNA ST.
TALLAHASSEE, FL 32303

New Mailing Address:

3033 JENNA ST.
TALLAHASSEE, FL 32303 US

FEI Number: 02-0714487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAW, ROBERT D SR.
3033 JENNA ST.
TALLAHASSEE, FL 32303 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: P () Delete
Name: LAW, ROBERT D SR.
Address: 3033 JENNA ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: COLVIN, TONY E
Address: 2521 SHADY REST RD.
City-St-Zip: HAVANA, FL 32333

Title: S () Delete
Name: GIBBS, KEITH A
Address: 89 EMILY LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAW, ROBERT D SR.
Address: 3033 JENNA ST.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: V (X) Change () Addition
Name: COLVIN, TONY E
Address: 2521 SHADY REST RD.
City-St-Zip: HAVANA, FL 32333 US

Title: S (X) Change () Addition
Name: GIBBS, KEITH A
Address: 89 EMILY LANE
City-St-Zip: CRAWFORDVILLE, FL 32327 US

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: ROBERT D. LAW, SR.

P

01/26/2005

Electronic Signature of Signing Officer or Director

Date