2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# N94000002496

Entity Name: THE NEW LIFE PENTECOSTAL CHURCH, AND TEEN MINISTRIES, INC.

Current Principal Place of Business:

537 S. CENTRAL AVE.
APOPKA, FL

New Principal Place of Business:

Current Mailing Address:

1049 S. CENTRAL AVE.
APOPKA, FL 32703

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
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:

BARNES, BARBARA
1049 SOUTH CENTRAL AVE.
APOPKA, FL 32703 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: D ( ) Delete
Name: BARNES, BARBARA A
Address: 1049 SOUTH CENTRAL AVE.
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete
Name: BARNES, MASON
Address: 1049 SOUTH CENTRAL AVE.
City-St-Zip: APOPKA, FL 32703

Title: CC ( ) Delete
Name: CLARK, LESHA L
Address: 103 W CLEVELAND STREET
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: BROWN, SITERA
Address: 735 S. LAKE AVE
City-St-Zip: APOPKA, FL 32703

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:

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: BARBARA A. BARNES D. 05/07/2007
Electronic Signature of Signing Officer or Director — Date