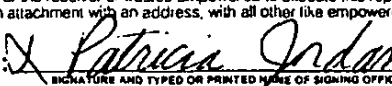


FILED
Mar 03, 2008 8:00 am
Secretary of State

01-22-2008 90077 036 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000002055					
1. Entity Name NEW LIFE BIBLE BOOKSTORE, INC.					
Principal Place of Business 127 HOWARD ST W LIVE OAK, FL 32064		Mailing Address 127 HOWARD ST W LIVE OAK, FL 32064			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8164009	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDAN, RANDY 127 HOWARD ST W LIVE OAK, FL 32064				7. Name and Address of New Registered Agent	
				Name:	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept, the obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF:		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JORDAN, RANDY		NAME		
STREET ADDRESS	127 HOWARD ST W		STREET ADDRESS		
CITY- ST- ZIP	LIVE OAK, FL 32064		CITY- ST- ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JORDAN, PATRICIA		NAME		
STREET ADDRESS	127 HOWARD ST W		STREET ADDRESS		
CITY- ST- ZIP	LIVE OAK, FL 32064		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  PATRICIA JORDAN 1/18/2008 386-362-4851					