

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703165

Entity Name: NEW LIFE COMMUNITY CHURCH OF CMA INC.**Current Principal Place of Business:**8310 FOREST CITY RD
ORLANDO, FL 32810**Current Mailing Address:**8310 FOREST CITY RD
ORLANDO, FL 32810**FEI Number:** 65-0198874**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEFFIELD, RON
2411 FAULKNER ROAD
ORLANDO, FL 32810 US*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

Officer/Director Detail :

Title DIRECTOR
Name LOVESTRAND, JOHN
Address 319 ROLFE DR
City-State-Zip: APOPKA FL 32703

Title PRESIDENT
Name HEFFIELD, RON
Address 2411 FAULKNER ROAD
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR
Name BLACK, ALAN
Address 5527 SATEL DRIVE
City-State-Zip: ORLANDO FL 32810

Title ASST. TREASURER
Name CLARK, AL
Address 124 PARK AVE.
City-State-Zip: CASSELBERRY FL 32707

Title SECRETARY
Name ROOKS, BILL
Address 620 ROBINHOOD DR APT A
City-State-Zip: MAITLAND FL 32751

Title TREASURER
Name CARDONA, FRANKLIN
Address 3826 SHADY GROVE CIRCLE
City-State-Zip: ORLANDO FL 32810

I hereby 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 all other like empowered.

SIGNATURE: AL CLARK**ASST TREASURER****04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date