### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 765815** 

Entity Name: NEW LIFE INTERNATIONAL OUTREACH CENTER, INC.

FILED
Jan 21, 2016
Secretary of State
CC8689305672

# **Current Principal Place of Business:**

2633 HARTSFIELD RD. TALLAHASSEE. FL 32303

# **Current Mailing Address:**

2633 HARTSFIELD RD. TALLAHASSEE, FL 32303

FEI Number: 59-2426877 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

BURKE, TRAVIS 3083 ST. ANDREWS WAY TALLAHASSEE, FL 32312 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 PD Title VD

Name BURKE, TRAVIS Name BURKE, CALETO

Address 3083 ST. ANDREWS WAY Address 3083 ST. ANDREWS WAY

City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32312

Title D Title STD

Name OLIVER, CLYDE Name MCLANE, MELANIE

Address P.O. BOX 410075 Address 8396 INNSBROOK DRIVE

City-State-Zip: MELBOLIRNE FL 32941-0075 City-State-Zip: TALLAHASSEE FL 32312

City-State-Zip: MELBOURNE FL 32941-0075

Title D

Name ALETHEA, JACKSON
Address 9013 EAGLES RIDGE
City-State-Zip: TALLAHASSEE FL 32312

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: TRAVIS BURKE

Electronic Signature of Signing Officer/Director Detail

PD

01/21/2016