

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765815

Entity Name: NEW LIFE INTERNATIONAL OUTREACH CENTER, INC.**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
Name	BURKE, TRAVIS
Address	3083 ST. ANDREWS WAY
City-State-Zip:	TALLAHASSEE FL 32312

Title	VD
Name	BURKE, CALETA
Address	3083 ST. ANDREWS WAY
City-State-Zip:	TALLAHASSEE FL 32312

Title	D
Name	OLIVER, CLYDE
Address	P.O. BOX 410075
City-State-Zip:	MELBOURNE FL 32941-0075

Title	TD
Name	MCLANE, MELANIE
Address	8396 INNSBROOK DRIVE
City-State-Zip:	TALLAHASSEE FL 32312

Title	DS
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

P/D

02/10/2022

Electronic Signature of Signing Officer/Director Detail_____
Date