

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000203

Entity Name: WOODLANDS NEW LIFE CENTER, INC.**Current Principal Place of Business:**2320 TALLEY LANE
TALLAHASSEE, FL 32303**Current Mailing Address:**3507 SHARER ROAD
TALLAHASSEE, FL 32312**FEI Number:** 59-3621746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCOMA, LARRY REV
3507 SHARER ROAD
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	SCOMA, LARRY REV
Address	3507 SHARER ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	VPD
Name	SCOMA, SUSAN
Address	3507 SHARER RD
City-State-Zip:	TALLAHASSEE FL 32312

Title	OFFICER
Name	SCOMA, MARIO N
Address	3507 SHARER ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	SD
Name	SCOMA, TIFFANY
Address	3507 SHARER ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	OFFICER
Name	SCIAME, JOSEPH PETER
Address	3507 SHARER ROAD
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: WOODLANDS NEW LIFE CENTER LARRY SCOMA**REGISTER AGENT****03/05/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date