

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000203

**Entity Name:** WOODLANDS NEW LIFE CENTER, INC.

**Current Principal Place of Business:**

4501 CROOKED ROAD  
TALLAHASSEE, FL 32310

**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 TD  
Name SCOMA, MARIO  
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 VPD  
Name SCOMA, SUSAN  
Address 3507 SHARER RD  
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:** LARRY SCOMA

**PRESIDENT**

**04/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date