

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

DOCUMENT# N13000006677

**Entity Name:** NEW LIFE TEMPLE FELLOWSHIP GREEN COVE SPRINGS INC.**Current Principal Place of Business:**510 N. PINE AVE.  
GREEN COVE SPRINGS, FL 32043**Current Mailing Address:**P. O BOX 1138  
GREEN COVE SPRINGS, FL 32043**FEI Number:** 46-3282221**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, MARK A  
151 POWER LINE RD.  
EAST PALATKA, FL 32131 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	VP
Name	JONES, CAROL F
Address	151 POWER LINE RD
City-State-Zip:	EAST PALATKA FL 32131

Title	T
Name	THOMAS, BEVERLY S
Address	111 4TH STREET
City-State-Zip:	EAST PALATKA FL 32131

Title	T
Name	MYLES, SHEILA B
Address	1207 NAPOLEON
City-State-Zip:	PALATKA FL 32131

Title	P/T
Name	JONES, MARK A
Address	151 POWER LINE RD.
City-State-Zip:	EAST PALATKA FL 32131

Title	T
Name	THOMAS, JIMMY S
Address	111 4TH STREET
City-State-Zip:	EAST PALATKA FL 32131

Title	T
Name	GOODMAN, WILLIE B
Address	1317 EAST STREET
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	P/T
Name	JONES, MARK A
Address	151 POWER LINE RD.
City-State-Zip:	EAST PALATKA FL 32131

*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:** MARK JONES

P/T

04/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date