

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000000049

**FILED**  
**Feb 16, 2017**  
**Secretary of State**  
**CC8668788797**

**Entity Name:** NEW LIFE IN CHRIST OUTREACH MINISTRIES INC.

**Current Principal Place of Business:**

457 N.W. FLORESTA DRIVE  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

457 N.W. FLORESTA DRIVE  
PORT ST. LUCIE, FL 34983

**FEI Number:** 46-4812607

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLAKELY-ESTE, PATRICIA PASTOR  
457 N.W. FLORESTA DRIVE  
PORT ST. LUCIE, FL 34983 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 P  
Name BLAKELY-ESTE, PATRICIA  
Address 457 N.W. FLORESTA DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34983

Title D  
Name BLAKELY, TIMOTHY  
Address 457 N.W. FLORESTA DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34983

Title D  
Name WRIGHT, MARLON  
Address 3911 N.W. 173 TERR  
City-State-Zip: MIAMI FL 33055

Title D  
Name WRIGHT, HOPE  
Address 3911 N.W. 173 TERR  
City-State-Zip: MIAMI FL 33055

Title ASST. TREASURER  
Name HALL WEST, BESSIE ANN  
Address 457 N.W. FLORESTA DRIVE  
City-State-Zip: PORT ST. LUCIE FL 34983

*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:** PATRICIA BLAKELY- ESTE

P

02/16/2017

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

\_\_\_\_\_  
Date