

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

DOCUMENT# N15000006831

**FILED**  
**Feb 22, 2017**  
**Secretary of State**  
**CC3426573413**

**Entity Name:** NEW LIFE FAMILY CENTER INC

**Current Principal Place of Business:**

5010 26TH LANE EAST #203  
203  
BRADENTON, FL 34203

**Current Mailing Address:**

P.O.BOX 1273  
1273  
BRADENTON, FL 34206 UN

**FEI Number:** 47-4125581

**Certificate of Status Desired:** Yes

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

DAWES, JOYCE  
2216 BAYSHORE GARDENS PARKWAY  
2216  
BRADENTON, FL 34207 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            CEO  
Name            DAWES, JOYCE  
Address        P.O.BOX 1273  
                  1273  
City-State-Zip: BRADENTON    34206

Title            VP  
Name            SINGLETARY, FRANK J  
Address        4334 43RD STREET  
City-State-Zip: BRADENTON FL 34208

Title            CFO  
Name            MCCOY, BRANDY S  
Address        2606 49TH DR EAST  
City-State-Zip: BRDENTON FL 34203

Title            TREA  
Name            JOHNSON, ASHLEY L  
Address        5508 8TH STREET CT WEST  
City-State-Zip: BRADENTON FL 34207

Title            P  
Name            DAWES, JOYCE  
Address        2216 BAYSHORE GARDENS  
                  PARKWAY  
City-State-Zip: BRDENTON FL 34207

*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:** JOYCE DAWES

**CEO**

**02/22/2017**

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

\_\_\_\_\_  
Date