I hereby certify that the information indicated on this report or supplemental report is true and oath; that I am an officer or director of the corporation or the receiver or trustee empowered to above, or on an attachment with all other like empowered.		
SIGNATURE: DAVID C. RALEY	PD	06/09/2021

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N34310

Entity Name: NEW LIFE ASSEMBLY OF GOD OF TRILBY INC.

## **Current Principal Place of Business:**

38012 TRILBY ROAD DADE CITY, FL 33523

## **Current Mailing Address:**

P.O. BOX 35 TRILBY, FL 33593

## FEI Number: 59-2238202

# Name and Address of Current Registered Agent:

TORRES, SYLVIA 6996 CAMMIE STREET BROOKSVILLE, FL 34602 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	: SYLVIA TORRES		06/09/2021 Date	
	Electronic Signature of Registered Agent			
Officer/Dired	ctor Detail :			
Title	PD	Title	VPD	
Name	RALEY, DAVID C	Name	TORRES, SYLVIA	
Address	9308 JAVA RD	Address	6996 CAMMIE STREET	
City-State-Zip:	WEBSTER FL 33597	City-State-Zip:	BROOKSVILLE FL 34602	
Title	ST	Title	D	
Name	RALEY, BEVERLY	Name	GILL, BRIAN	
Address	9308 JAVA RD	Address	P.O. BOX 941	
City-State-Zip:	WEBSTER FL 33597	City-State-Zip:	TRILBY FL 33597	

Certificate of Status Desired: No

## FILED Jun 09, 2021 Secretary of State 2845511152CC