2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 703165

Entity Name: NEW LIFE COMMUNITY CHURCH OF CMA INC.

Current Principal Place of Business:

2405 DIANJO DR.
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

2405 DIANJO DR.
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 65-0198874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEFFIELD, RON
2411 FAULKNER ROAD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LOVESTRAND, JOHN	
Address:	319 ROLFE DR	
City-St-Zip:	APOPKA, FL 32703	
Title:	T	( ) Delete
Name:	CLARK, AL	
Address:	124 PARK AVE.	
City-St-Zip:	CASSELBERRY, FL 32707	
Title:	C	( ) Delete
Name:	HEFFIELD, RON	
Address:	2411 FAULKNER ROAD	
City-St-Zip:	ORLANDO, FL 32810	
Title:	S	( ) Delete
Name:	ROOKS, BILL	
Address:	620 ROBINHOOD DR APT A	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	HOLMES, MARSHALL	
Address:	2410 DUQUESNE AVE	
City-St-Zip:	APOPKA, FL 32712	
Title:	D	(X) Delete
Name:	LOVESTRAND, GORDON	
Address:	P.O. BOX 907	
City-St-Zip:	APOPKA, FL 32704	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AL CLARK T 04/26/2009

Electronic Signature of Signing Officer or Director — Date