

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703165

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** NEW LIFE COMMUNITY CHURCH OF CMA INC.

**Current Principal Place of Business:**

8310 FOREST CITY RD  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

8310 FOREST CITY RD  
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:**

HEFFFIELD, 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  
Name: LOVESTRAND, JOHN  
Address: 319 ROLFE DR  
City-St-Zip: APOPKA, FL 32703

Title: T  
Name: CLARK, AL  
Address: 124 PARK AVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: C  
Name: HEFFFIELD, RON  
Address: 2411 FAULKNER ROAD  
City-St-Zip: ORLANDO, FL 32810

Title: S  
Name: ROOKS, BILL  
Address: 620 ROBINHOOD DR APT A  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: MATT, GROCE  
Address: 2231 CHARLOTTE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: CHARLES, LANE  
Address: 196 14TH AVE  
City-St-Zip: LONGWOOD, FL 32750

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: ALBERT M CLARK

TRES

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date