

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90003 038 ****61.25

DOCUMENT # 721702

1. Entity Name
NEW LIFE FELLOWSHIP INTERNATIONAL, INC.



Principal Place of Business
**2740 E MICHIGAN STREET
ORLANDO, FL 32806**

Mailing Address
**2740 E MICHIGAN STREET
ORLANDO, FL 32806**

54021263



2. Principal Place of Business
2740 East Michigan Street
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

01092004 Chg-NP CR2EQ37 (10/03)

City & State
-Orlando, FLorida

City & State

4. FEI Number
59-1552046

Applied For
☐ Not Applicable

Zip
32806

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CROLEY, STEPHEN D
5101 JETSAIL DRIVE
ORLANDO, FL 32812**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME **PD CROLEY, STEPHEN D** ☐ Delete
STREET ADDRESS **5101 JETSAIL DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE
NAME **VC BAKER, GARY** ☒ Delete
STREET ADDRESS **5953 PARKVIEW POINT RD**
CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE
NAME **TD HALL, RICHARD** ☐ Delete
STREET ADDRESS **555 LAKEFRONT BLVD**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE
NAME **VP DANIELS, SCOTT** ☒ Delete
STREET ADDRESS **5125 JETSAIL DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE
NAME **V CROLEY, ALBA** ☒ Delete
STREET ADDRESS **5101 JETSAIL DR**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE
NAME **D FOTHERGILL, ANTHONY** ☒ Delete
STREET ADDRESS **3101 KOVAL COURT**
CITY-ST-ZIP **ORLANDO, FL 32837**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VC Carrie Warren** ☒ Change ☐ Addition
STREET ADDRESS **4927 Gran-Lac Avenue**
CITY-ST-ZIP **Orlando, FL 32812**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **VP Carrie Warren** ☒ Change ☐ Addition
STREET ADDRESS **4927 Gran-Lac Avenue**
CITY-ST-ZIP **Orlando, FL 32812**

TITLE
NAME **S Evelys Diaz** ☒ Change ☐ Addition
STREET ADDRESS **8234 Newbury Sound Lane**
CITY-ST-ZIP **Orlando, FL 32829**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen D. Croley

4-19-04

Date

407-897-8591

Daytime Phone *