

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 741801

1. Entity Name
NEW LIGHT CHURCH, INC.



Principal Place of Business
NEW LIGHT CHURCH, INC.
480 NEW LIGHT CHURCH RD
CRAWFORDVILLE, FL 32327 US

Mailing Address
NEW LIGHT CHURCH, INC.
P.O. BOX 627
WOODVILLE, FL 32362



07052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1817997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRODBECK, DOUGLAS E
1311 EXECUTIVE CTR. DR.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000767450
07/10/07-80005-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUNN, KENNETH ELGIN RD WOODVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOYE, HUDSON 12 DOYE DR. CRAWFORDVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNN, KEITH BLUEBERRY LANE WOODVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DURHAM, HOWARD SUMMERWIND CIRCLE SOUTH CRAWFORDVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE.**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

7-5-07
Date

(850) 459 4669
Daytime Phone #