

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 741801**

1. Entity Name  
**NEW LIGHT CHURCH, INC.**



Principal Place of Business  
**NEW LIGHT CHURCH, IN  
480 NEW LIGHT CHURCH RD  
CRAWFORDVILLE, FL 32327 US**

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



01062008 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 ☐ **\$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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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

000000775628  
01/08/08-80037-006 61.25

**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** *Howard Durham* **HOWARD DURHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-08**  
Date

**8504594669**  
Daytime Phone #