

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743148

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** NEW LIFE COUNSELORS, INC.

**Current Principal Place of Business:**

35 WEST PINE STREET  
SUITE 224  
ORLANDO, FL 32801

**New Principal Place of Business:**

6020 SOUTH ORANGE AVE  
ORLANDO, FL 32809

**Current Mailing Address:**

35 WEST PINE STREET  
SUITE 224  
ORLANDO, FL 32801

**New Mailing Address:**

6020 SOUTH ORANGE AVE  
ORLANDO, FL 32809

**FEI Number:** 59-1855549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUNT, DAVID  
35 WEST PINE STREET  
SUITE 224  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

HUNT, DAVID L PRES  
6020 SOUTH ORANGE AVE  
ORLANDO, FL 32809 US

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: DAVID HUNT

04/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HUNT, DAVID L PD  
Address: 414 EAST PINE STREET - APT. 1415  
City-St-Zip: ORLANDO, FL 32801 US

Title: STD  
Name: HUNT, ERMA L STD  
Address: 414 EAST PINE STREET - APT. 1415  
City-St-Zip: ORLANDO, FL 32801 US

Title: VD  
Name: KELLY, TIM VD  
Address: 5420 CARTER RD  
City-St-Zip: LAKE MARY, FL 32746 US

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: DAVID HUNT

PRES

04/24/2010

Electronic Signature of Signing Officer or Director

Date