

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744648

FILED
Jan 24, 2009
Secretary of State

Entity Name: NEWLIFE CHRISTIAN FELLOWSHIP CHURCH CENTER, INC.

Current Principal Place of Business:

8008 N. ARMENIA
TAMPA, FL US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 261105
TAMPA, FL 336851105 US

New Mailing Address:

FEI Number: 90-0428052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIMS, R.W.(REV)
7615 PALMBROOK DR.
TAMPA, FL 33615 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: PD () Delete
Name: MIMS, RICHARD,
Address: 7615 PALMBROOK DR.
City-St-Zip: TAMPA, FL

Title: DFS () Delete
Name: MATHEWS, VIVIAN
Address: 2867 DUNCAN TREE CIRCLE
City-St-Zip: VALRICO, FL

Title: FSD () Delete
Name: MIMS, FLORA,
Address: 7615 PALMBROOK DR.
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: MATHEWS, NATHANIEL F
Address: 2867 DUNCAN TREE CIRCLE
City-St-Zip: VALRICO, FL

Title: D () Delete
Name: ELLISON, LEOLA ANNE TSD
Address: 712 STAR PONTE DRIVE
City-St-Zip: SEFFNER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD MIMS

PD

01/24/2009

Electronic Signature of Signing Officer or Director

Date