

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744648

FILED  
Feb 19, 2010  
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  
Name: MIMS, RICHARD  
Address: 7615 PALMBROOK DR.  
City-St-Zip: TAMPA, FL

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

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

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

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

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: MIMS, RICHARD W.

PD

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date