2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 755009

Entity Name: NEW LIFE ASSEMBLY OF GOD OF LEHIGH ACRES, FLORIDA, INC.

Current Principal Place of Business:

507 SUNSHINE BLVD.
LEHIGH, FL 33971 US

New Principal Place of Business:

Current Mailing Address:

507 SUNSHINE BLVD.
LEHIGH, FL 33971 US

New Mailing Address:

FEI Number: 59-2126484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASCHIERI, JOHN R.
4532 VARSITY LAKES CT.
LEHIGH ACRES, FL 33971 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:	S	( ) Delete
Name:	BOGGS, JAMES	
Address:	418 CLAYTON	
City-St-Zip:	LEHIGH, FL 33936	
Title:	D	( ) Delete
Name:	HORROM, NEAL,	
Address:	221 ROOSEVELT AVE	
City-St-Zip:	LEHIGH, FL 33972	
Title:	D	( ) Delete
Name:	COOPER, IVAN	
Address:	312 SE 27TH STREET	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	D	( ) Delete
Name:	WESTRICK, JEFF	
Address:	225 OCEAN PARK DRIVE	
City-St-Zip:	LEHIGH ACRES, FL 33971	
Title:	D	( ) Delete
Name:	DISTANT, ANGUS	
Address:	1521 HONOR CT	
City-St-Zip:	LEHIGH ACRES, FL 33971	
Title:	P	( ) Delete
Name:	BASCHIERI, JOHN	
Address:	4532 VARSITY LAKES CT.	
City-St-Zip:	LEHIGH ACRES, FL 33971	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
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: JOHN R. BASCHIERI OFF 03/25/2009

Electronic Signature of Signing Officer or Director — Date