

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2007
Secretary of State**

DOCUMENT# 759269

Entity Name: NEW LIFE FELLOWSHIP ASSEMBLIES OF GOD CHURCH, INCORPORATED

Current Principal Place of Business:

8450 HWY. 97
WALNUT HILL, FL 32568 US

New Principal Place of Business:

Current Mailing Address:

8450 HWY. 97
WALNUT HILL, FL 32568 US

New Mailing Address:

FEI Number: 59-2241293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORTIS, ERVIN
3241 N PINE BARREN RD
MCDAVID, FL 32568 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: THORTIS, CAROLYN
Address: 3241 N. PINE BARREN RD
City-St-Zip: MCDAVID, FL 32568

Title: D () Delete
Name: THORTIS, ERVIN
Address: 3241 N. PINE BARREN RD
City-St-Zip: MCDAVID, FL 32568

Title: T () Delete
Name: HARE, BETTY
Address: 6350 ARTHUR BROWN RD
City-St-Zip: WALNUT HILL, FL 32568

Title: D () Delete
Name: HARE, KAVANAH
Address: 6350 ARTHUR BROWN RD
City-St-Zip: WALNUT HILL, FL 32568

Title: D () Delete
Name: LAMB, ANTHONY
Address: P.O. BOX 693
City-St-Zip: ALMORE, AL 36504

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTY HARE

Electronic Signature of Signing Officer or Director

TRE.

01/13/2007

Date