


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
27. Mar 13, 2008 8:00 am  
Secretary of State

02-25-2008 90074 024 \*\*\*\*61.25

DOCUMENT # 759269 1. Entity Name NEW LIFE FELLOWSHIP ASSEMBLIES OF GOD CHURCH, INCORPORATED	
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Principal Place of Business 8450 HWY. 97 WALNUT HILL, FL 32568 US	Mailing Address 8450 HWY. 97 WALNUT HILL, FL 32568 US
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66003611



01242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2241293	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  THORTIS, ERVIN 3241 N PINE BARREN RD MCDAVID, FL 32568
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THORTIS, CAROLYN 3241 N. PINE BARREN RD MCDAVID, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORTIS, ERVIN 3241 N. PINE BARREN RD MCDAVID, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARE, BETTY 6350 ARTHUR BROWN RD WALNUT HILL, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARE, KAVANAH 6350 ARTHUR BROWN RD WALNUT HILL, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, ANTHONY P.O. BOX 693 ALMORE, AL 36504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all prior like empowered.

SIGNATURE Betty Hare  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/08 327-4536  
Date Daytime Phone