

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2011  
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  
Name: THORTIS, CAROLYN  
Address: 3241 N. PINE BARREN RD  
City-St-Zip: MCDAVID, FL 32568

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

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

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

Title: D  
Name: LAMB, ANTHONY  
Address: P.O. BOX 693  
City-St-Zip: ATMORE, AL 36504

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: BETTY HARE

T

04/14/2011

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

\_\_\_\_\_  
Date