

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770306

FILED
Jul 13, 2009
Secretary of State

Entity Name: NEW LIFE CHRISTIAN CENTER OF FORT MYERS, INC.

Current Principal Place of Business:

1927 VICTORIA ST
FT. MYERS, FL 33901 US

New Principal Place of Business:

1927 VICTORIA AVENUE
FT. MYERS, FL 33901 US

Current Mailing Address:

NEW LIFE CHRISTIAN CENTER
P.O. BOX 7105
FT. MYERS, FL 33911 US

New Mailing Address:

FEI Number: 65-0055298 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARNES, ETHEL M REV
13851 FERN TRAIL DRIVE
NORTH FORT MYERS, FL 33903 US

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 () Delete
Name: BARNES, ETHEL M
Address: 13851 FERN TRAIL DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VPD () Delete
Name: BARNES, EROLYN W
Address: 13851 FERN TRAIL DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T () Delete
Name: BUCHANNON, DEBBIE
Address: 4000 WINKLER AVENUE, APT. 103
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BUCHANNON, DEBBIE
Address: 3411 FRANKLIN STREET
City-St-Zip: FORT MYERS, FL 33916

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: ETHEL M. BARNES

PD

07/13/2009

Electronic Signature of Signing Officer or Director

Date