2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2008
Secretary of State

DOCUMENT# N00000002403

Entity Name: NEW LIFE CHRISTIAN MINISTRIES OF NICEVILLE, INC.

Current Principal Place of Business:

130 N. PARTIN DR.
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1031
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 59-3364041 **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:

MOORE, BRET A
THE MOORE LAW FIRM, P.A.
135 E. JOHN SIMS PARKWAY
NICEVILLE, FL 32578 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:	P	( ) Delete
Name:	COLEMAN, ANDREW J	
Address:	211 S HAMPTON CT	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	SD	( ) Delete
Name:	WILLIAMS, ALAINA	
Address:	514 KUMQUAT AVE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	TD	( ) Delete
Name:	COLEMAN, CAROLYN F	
Address:	211 S HAMPTON CT	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	C	( ) Delete
Name:	JOHNSON, TOMMY P SR	
Address:	312 23RD ST	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	VD	( ) Delete
Name:	BRAXTON, ARCHER	
Address:	802 CHEROKEE RD	
City-St-Zip:	EGLIN AFB, FL 32542	
Title:	D	( ) Delete
Name:	PEET, SHEVON	
Address:	1037 DARLINGTON OAK	
City-St-Zip:	NICEVILLE, FL 32578	

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:	VP	(X) Change ( ) Addition
Name:	BRAXTON, ARCHER L	
Address:	802 CHEROKEE RD	
City-St-Zip:	EGLIN AFB, FL 32542	
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: ARCHER L BRAXTON VP 06/21/2008
Electronic Signature of Signing Officer or Director — Date