2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2010
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 ( )**

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
Name: JOHNSON, ANNIE M
Address: 312 23RD ST
City-St-Zip: NICEVILLE, FL 32578

Title: SD
Name: WILLIAMS, ALAINA
Address: 514 KUMQUAT AVE
City-St-Zip: NICEVILLE, FL 32578

Title: TD
Name: COLEMAN, CAROLYN F
Address: 211 S HAMPTON CT
City-St-Zip: NICEVILLE, FL 32578

Title: C
Name: JOHNSON, TOMMY P SR
Address: 312 23RD ST
City-St-Zip: NICEVILLE, FL 32578

Title: VP
Name: JOHNSON, MELISSA A
Address: 312 23RD ST
City-St-Zip: NICEVILLE, FL 32578

Title: D
Name: PEET, SHEVON
Address: 1037 DARLINGTON OAK
City-St-Zip: NICEVILLE, FL 32578

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: CAROLYN F. COLEMAN T 04/24/2010

Electronic Signature of Signing Officer or Director — Date