2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004
Secretary of State

DOCUMENT# N00000006813

Entity Name: NEW LIFE DEVELOPMENT CORPORATION

Current Principal Place of Business:

1451 MT. HERMANS ST.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1451 MT. HERMANS ST.
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-3673995 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKER, ROLAND
11830 THORNAPPLE DR.
JACKSONVILLE, FL 32223 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: PD ( ) Delete
Name: BAKER, ROLAND
Address: 11630 THORNAPPLE DR.
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete
Name: MCLEOD, CHARLES
Address: 1222 STEELE CT., #3
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD ( ) Delete
Name: JOHNSON, ALFRED
Address: 7588 JOHN F. KENNEDY DR. EAST
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD ( ) Delete
Name: TURNER, FOSTER JR.
Address: 3230 ERNEST ST.
City-St-Zip: JACKSONVILLE, FL 32205

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROLAND BAKER PD 05/11/2004

Electronic Signature of Signing Officer or Director — Date