


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N00454	
1. Entity Name	
NEW LIFE BAPTIST CHURCH OF FORT MEADE, FLORIDA, INC.	

Principal Place of Business	Mailing Address
214 NW 1ST ST PO BOX 126 FT MEADE FL 33841	214 NW 1ST ST PO BOX 126 FT MEADE FL 33841



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State
Zip Country	Zip Country

4. FEI Number	Applied For
59-0398875	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
BROWN, FLETTCHER 124 N. BREVARD AVENUE ARCADIA FL 33821

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	PARRISH, JOE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1505 PARRISH ROAD		
CITY- ST- ZIP	FORT MEADE FL 33841		
<input type="checkbox"/> Delete			
TITLE	NAME	TITLE	NAME
SD	NEWBERRY, MAJORIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	12020 AVON PARK CUT-OFF ROAD		
CITY- ST- ZIP	FORT MEADE FL 33841		
<input type="checkbox"/> Delete			
TITLE	NAME	TITLE	NAME
TD	GRUNHOLZER, BETTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	209 NW 1ST STREET		
CITY- ST- ZIP	FORT MEADE FL 33841-0547		
<input type="checkbox"/> Delete			
TITLE	NAME	TITLE	NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY- ST- ZIP			
<input type="checkbox"/> Delete			
TITLE	NAME	TITLE	NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY- ST- ZIP			
<input type="checkbox"/> Delete			
TITLE	NAME	TITLE	NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY- ST- ZIP			
<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty S. Grunholzer Betty S. GRUNHOLZER, Trce. 1-26-07 863-385-8312