

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002118

FILED
Feb 15, 2009
Secretary of State

Entity Name: NEW LIFE MISSIONS INC

Current Principal Place of Business:

16921 OWENS RD
WIMAUMA, FL 33598

New Principal Place of Business:

Current Mailing Address:

16921 OWENS RD
WIMAUMA, FL 33598

New Mailing Address:

FEI Number: 59-3708790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIVER, PAT
16921 OWENS RD
WIMAUMA, FL 33598 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: PDD () Delete
Name: SHIVER, PAT
Address: 16921 OWENS RD
City-St-Zip: WIMAUMA, FL 33598

Title: TD () Delete
Name: SHIVER, WILMA
Address: 1621 OWENS RD
City-St-Zip: WIMAUMA, FL 33598

Title: D () Delete
Name: LACEY, CAROL
Address: 10002 CALIFORNIA ST
City-St-Zip: GIBSONTONT, FL 33534

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: SHIVER, DAVID R
Address: 16921 OWENS RD
City-St-Zip: WIMAUMA, FL 33598 52

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: PAT SHIVER

P

02/15/2009

Electronic Signature of Signing Officer or Director

Date