

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003289

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** NEW LIFE FULL GOSPEL MINISTRIES, INC.

**Current Principal Place of Business:**

199 S PARK AVE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 827  
ZELLWOOD, FL 32798

**New Mailing Address:**

**FEI Number:** 59-3720751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BROWN, KEITH A  
3826 MOHAWK DR  
ZELLWOOD, FL 32798 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:** DP  
**Name:** BROWN, KEITH A  
**Address:** 3826 MOHAWK DR.  
**City-St-Zip:** ZELLWOOD, FL 32798

**Title:** TS  
**Name:** JONES, MARJORIE  
**Address:** 3287 HARRY ST.  
**City-St-Zip:** APOPKA, FL 32712

**Title:** TT  
**Name:** BROWN, MICHELLE R  
**Address:** 3826 MOHAWK DR  
**City-St-Zip:** ZELLWOOD, FL 32798

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:** KEITH A. BROWN

DP

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date