

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

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 003 ****61.25

DOCUMENT # N01000004981

1. Entity Name

NEW LIFE CHURCH OF GOD, INC.



Principal Place of Business

7209 N MANHATTAN AVE
TAMPA FL 33614
US

Mailing Address

P O BOX 15478
TAMPA FL 33684-5478
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2977856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOCKARD, CLARENCE E
510 SPARKMAN RD
PLANT CITY FL 33566

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME LOCKARD, CLARENCE E
STREET ADDRESS 510 SPARKMAN RD
CITY-ST-ZIP PLANT CITY FL 33566

TITLE D ☒ Delete
NAME BRYANT, KEN
STREET ADDRESS 2915 WEST ESTRELLA, APT 4
CITY-ST-ZIP TAMPA FL 33629

TITLE DV ☐ Delete
NAME GRIFFITH, VICKIE
STREET ADDRESS 6202 AXLEROD ROAD
CITY-ST-ZIP TAMPA FL 33634

TITLE S ☐ Delete
NAME EARHART, BARBARA
STREET ADDRESS P O BOX 17822
CITY-ST-ZIP TAMPA FL 33682

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME Deshaun John Jr
STREET ADDRESS P.O. Box 15894-3368
CITY-ST-ZIP Tampa FL 33684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Clarence E Lockard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-07 813-428-2827

Date

Daytime Phone #