

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90038 031 \*\*\*\*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 (10/07)

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE V  
NAME DESHAZO, JOHN JR ☐ Delete  
STREET ADDRESS PO BOX 15894-3368  
CITY-STATE-ZIP TAMPA FL 33684

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

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

TITLE ☒ Change ☒ Addition  
NAME *Thompson-Corneille*  
STREET ADDRESS *6302 W PATRIS ST*  
CITY-STATE-ZIP *Tampa FL 33614*

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

TITLE DV  
NAME *Rewis D Herman* ☒ Change ☒ Addition  
STREET ADDRESS *9210 West Patterson St*  
CITY-STATE-ZIP *Tampa FL 33615*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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

3-12-08

Date

Daytime Phone #