

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000004981

1. Entity Name
NEW LIFE CHURCH OF GOD, INC.



2008 DEC 18 AM 10:44

Principal Place of Business
7209 N MANHATTAN AVE
TAMPA, FL 33614 US

Mailing Address
P O BOX 15478
TAMPA, FL 33684-5478 US

33
12.18



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2977856

Applied For
Not Applicable

Zip

Country

Zip

Country

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 Lyons, Bob E

Street Address (P.O. Box Number is Not Acceptable)

1719 Green Meadow Drive

City Lutz

FL

Zip Code 33549

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]

Bob E. Lyons

11/17/08

Signature based on previous number of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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-ST-ZIP PLANT CITY, FL 33566

TITLE DP
NAME Lyons, Bob E. ☒ Change ☐ Addition
STREET ADDRESS 1719 Green Meadow Drive
CITY-ST-ZIP Lutz, FL 33549

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

TITLE ☒ Change ☐ Addition
NAME Randazzo, Barbara
STREET ADDRESS PO Box 7424
CITY-ST-ZIP Tampa FL 33673

TITLE S
NAME THOMPSON, CORNETHA ☐ Delete ☒ Correct
STREET ADDRESS 6302 W PARIS ST
CITY-ST-ZIP TAMPA, FL 33614

TITLE S ☐ Change ☐ Addition
NAME Thompson, Cornelia
STREET ADDRESS 6302 W. Paris Street
CITY-ST-ZIP Tampa, FL 33614

TITLE DV
NAME HERMAN, REWIS O ☒ Delete
STREET ADDRESS 9210 WALT PATTERSON ST
CITY-ST-ZIP TAMPA, FL 33615

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/08 (613)
949-6139

Date Daytime Phone