2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N01000004981

Entity Name: NEW LIFE CHURCH OF GOD, INC.

Current Principal Place of Business:

7209 N MANHATTAN AVE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 15478
TAMPA, FL 336845478 US

New Mailing Address:

7209 N MANHATTAN AVE
TAMPA, FL 33614 US

FEI Number: 59-2977856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LYONS, BOBE E
1719 GREEN MEADOW DRIVE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

LYONS, BOB E PASTOR
1719 GREEN MEADOW DRIVE
LUTZ, FL 33549 US

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: BOB E. LYONS 02/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LYONS, BOBE E
Address: 1719 GREEN MEADOW DRIVE
City-St-Zip: LUTZ, FL 33549

Title: V ( ) Delete
Name: RANDAZZO, BARBARA
Address: P.O. BOX 7924
City-St-Zip: TAMPA, FL 33673

Title: S ( ) Delete
Name: THOMPSON, CORNETHA
Address: 6302 W PARIS ST
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LYONS, BOB E PASTOR
Address: 1719 GREEN MEADOW DRIVE
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: THOMPSON, CORNELIA
Address: 6302 W PARIS ST
City-St-Zip: TAMPA, FL 33614 US

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: BOB E. LYONS, SENIOR PASTOR DP 02/26/2009
Electronic Signature of Signing Officer or Director Date