

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005082

FILED
Oct 18, 2004
Secretary of State**Entity Name:** NEW LIFE OUTREACH CENTER, INC.**Current Principal Place of Business:**5015 TENNESSEE CAPITAL BLVD.
TALLAHASSEE, FL 32303**New Principal Place of Business:****Current Mailing Address:**5015 TENNESSEE CAPITAL BLVD.
TALLAHASSEE, FL 32303**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**LEE, SANDY
1908 BOTANY DRIVE
TALLAHASSEE, FL 32303 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: D () Delete
Name: DAWSON, JULIE
Address: 1809 AARON RD.
City-St-Zip: TALLAHASSEE, FL 32303Title: D () Delete
Name: GREYER, EVA
Address: 1809 AARON RD.
City-St-Zip: TALLAHASSEE, FL 32303Title: D () Delete
Name: LEE, SANDY
Address: 1908 BOTANY DRIVE
City-St-Zip: TALLAHASSEE, FL 32303**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDY LEE

MS

10/18/2004

Electronic Signature of Signing Officer or Director

Date