

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005459

FILED
May 10, 2008
Secretary of State

Entity Name: NEW LIFE FIVE FOLD GOSPEL MINISTRY, INC.

Current Principal Place of Business:

8901 NW 79TH CT
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8901 NW 79TH CT
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-1128639 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

Name and Address of New Registered Agent:

BELL, BRIAN
8901 NW 79TH CT
TAMARAC, FL 33321 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELL, BRIAN PD
Address: 8901 NW 79TH CT
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: BELL, CECEILA L SD
Address: 8901 NW 79TH CT
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: BELL, SHONEA T TD
Address: 8901 NW 79TH CT
City-St-Zip: TAMARAC, FL 33321

Title: VPD () Delete
Name: BELL, ALWYN D VPD
Address: 8901 NW 79CT
City-St-Zip: TAMARAC, FL 33321

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:

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

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: BRIAN BELL

PD

05/10/2008

Electronic Signature of Signing Officer or Director

Date