

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N01000005492

Entity Name: NEW LIFE MINISTRIES OF OCALA, INC.

Current Principal Place of Business:

4650 SE 24TH STREET
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

4650 SE 24TH STREET
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-3742403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, E. J CPA
317 NE 36TH AVENUE
5
OCALA, FL 34470 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: P () Delete
Name: BASTIE, WESLEY M
Address: 4650 SE 24TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: S/T () Delete
Name: BASTIE, DEBRA R
Address: 4650 SE 24TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: DIR () Delete
Name: SINYARD, CLAUDE P
Address: 5811 SW 63RD PLACE ROAD
City-St-Zip: OCALA, FL 34474

Title: DIR () Delete
Name: CLUFF, RULON
Address: 88 SOUTH 1530 WEST
City-St-Zip: PROVO, UT 84601 US

Title: DIR () Delete
Name: BASTIE, HELEN
Address: 3280 N E 17TH TERRACE
City-St-Zip: OCALA, FL 34479 US

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:

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: WESLEY M. BASTIE

P

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date