

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007396

FILED
Jan 16, 2006
Secretary of State

Entity Name: NEW LIFE HUMAN SERVICES, INCORPORATED

Current Principal Place of Business:

1625 DERBYSHIRE ROAD
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

1625 DERBYSHIRE ROAD
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-3749334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODEN, VICTOR E
1625 DERBYSHIRE ROAD
HOLLY HILL, FL 32117 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: GOODEN, VICTOR E
Address: 809 PELICAN BAY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: GOODMAN, BETTY
Address: 106 SEAPINES CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: GAMBLE, BARBARA
Address: 42 CHINA MOON DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: ECHOLS, VERNON
Address: 1145 MADISON AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BRYANT, CHARLES
Address: P.O. BOX 2451
City-St-Zip: DAYTONA BEACH, FL 321152451

Title: () Delete
Name:
Address:
City-St-Zip:

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: D (X) Change () Addition
Name: ALSTON, TAWANA
Address: 1000 15TH STREET APT.# 1903
City-St-Zip: HOLLY HILL, FL 32117

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

Title: D () Change (X) Addition
Name: MONGAL, JACKIE T
Address: 826 NORTH KOTTLE CIR.
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the 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: LILLIE B WIGGINS

D

01/16/2006

Electronic Signature of Signing Officer or Director

Date