

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008447

**FILED**  
**May 19, 2012**  
**Secretary of State**

**Entity Name:** NEW LIFE WORLDWIDE APOSTOLIC CHURCH USA INC.

**Current Principal Place of Business:**

16030 OKEECHOBEE BLVD  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 21085  
WEST PALM BEACH, FL 334161085

**New Mailing Address:**

**FEI Number:** 65-1155246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JONES, KEVILEE DEACON  
17267 77TH LANE NORTH  
LOXAHATCHEE, FL 33470 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  
**Name:** JAMES, MICHAEL PASTOR  
**Address:** 17314 61ST PLACE NORTH  
**City-St-Zip:** LOXAHATCHEE, FL 33470

**Title:** D  
**Name:** JONES, KEVILEE DEACON  
**Address:** 17267 77TH LANE NORTH  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** SD  
**Name:** SHILAH, JAMES SD  
**Address:** 17314 61ST PLACE NORTH  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

I hereby 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 all other like empowered.

**SIGNATURE:** KEVI LEE JONES

D

05/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date