

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003435

FILED
Mar 17, 2009
Secretary of State

Entity Name: NEW LIFE IN CHRIST BELIEVERS TABERNACLE OUTREACH MINISTRY INC.

Current Principal Place of Business:

1104 NE 23 RD ST
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

1104 NE 23 RD ST
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 11-3168654 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEAL, JUDY
1104 NE 23 RD ST
GAINESVILLE, FL 32641 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: NEAL, JUDY D PASTOR
Address: 1104 NE 23RD ST
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: MITCHELL, LATRINA S FINAN.
Address: 114-03 210 ST.
City-St-Zip: CAMBRIA HEIGHTS, NY 11411

Title: D () Delete
Name: DUNN, SHANEEK L
Address: 1104 N.E 23RD STREET
City-St-Zip: GAINESVILLE, FL 32641 US

Title: D () Delete
Name: PURVIS, ANNIE L
Address: 185 ST MARKS PL APT. 18H
City-St-Zip: STATEN ISLAND, NY 11301

Title: D () Delete
Name: TYSON, CAROLYN
Address: 4257 S. E. 10TH PLACE APT 101
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: WOODS, GLYNISS
Address: 849 VICTORIA COURT
City-St-Zip: GAINESVILLE, FL 32607

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
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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: JUDY NEAL

D

03/17/2009

Electronic Signature of Signing Officer or Director

Date