2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N02000009879

Entity Name: NEW LIFE BAPTIST CHURCH OF CENTURY, INC

Current Principal Place of Business:

CENTURY ELEMENTARY SCHOOL
700 HECKER ROAD
CENTURY, FL 32535

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 535
CENTURY, FL 32535

New Mailing Address:

FEI Number: 13-4229070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STALLWORTH, IRVIN B
6200 POMERAL SUMMIT
MILTON, FL 32570 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: STALLWORTH, IRVIN B
Address: 6200 POMERAL SUMMIT
City-St-Zip: MILTON, FL 32570

Title: T ( ) Delete
Name: STALLWORTH, PAMELA
Address: 6200 POMERAL SUMMIT
City-St-Zip: MILTON, FL 32570

Title: T ( ) Delete
Name: STALLWORTH, MARY L
Address: 700 HECKER ROAD
City-St-Zip: CENTURY, FL 32535

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: T (X) Change ( ) Addition
Name: STALLWORTH, MARY L
Address: 717 BELAIR ROAD
City-St-Zip: PENSACOLA, FL 32505

Title: T ( ) Change (X) Addition
Name: HUNTER, CAPRICIA
Address: P. O. BOX 1036
City-St-Zip: CANTONMENT, FL 32533

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: PAMELA STALLWORTH T 04/28/2008

Electronic Signature of Signing Officer or Director — Date