2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001362

Entity Name: NEW LIFE PROJECT, INC.

FILED Mar 05, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7455 S. R. 207

ELKTON, FL 32033 US

Current Mailing Address: New Mailing Address:

7455 S. R. 207

ELKTON, FL 32033 US

FEI Number: 20-1772034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

WANDA, POWELL T 7455 S. R. 207

ELKTON, FL 32033 US

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: WANDA T. POWELL

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 LEWIS, WENDY M
 Name:
 MCSWAIN, NORITA

 Address:
 721 N. ORANGE STREET
 Address:
 495 SOUTH VOLUSIA

 City-St-Zip:
 ST. AUGUSTINE, FL 32084
 City-St-Zip:
 ST. AUGUSTINE, FL 32084

Title: CD () Delete Title: P (X) Change () Addition

 Name:
 JOHNSON, LÜCY
 Name:
 JOHNSON, REGENIA

 Address:
 1249 PARADISE POND
 Address:
 12 BURNLEY PLACE

 City-St-Zip:
 SAINT AUGUSTINE, FL 32092
 City-St-Zip:
 PALM COAST, FL 32137

Title: T () Delete Title: () Change () Addition

 Name:
 BRYANT, PETRONIA
 Name:

 Address:
 7445 S.R. 207
 Address:

 City-St-Zip:
 ELKTON, FL 32033
 City-St-Zip:

Title: CEOD () Delete Title: CEO (X) Change () Addition

 Name:
 POWELL, WANDA T
 Name:
 POWELL, WANDA T

 Address:
 7455 S. R. 207
 Address:
 7455 S. R. 207

 City-St-Zip:
 ELKTON, FL 32033
 City-St-Zip:
 ELKTON, FL 32033

 $\label{eq:title:Title:V} {\it Title:} \qquad {\it V} \qquad {\it (\)} \ {\it Change} \ {\it (X)} \ {\it Addition}$

 Name:
 Name:
 MCMILLAN, MISTY

 Address:
 Address:
 772 WEST 4TH STREET

 City-St-Zip:
 ST. AUGUSTINE, FL 32084

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 BROWN, TREASHA

 Address:
 Address:
 607 SOUTH MOODY ROAD

 City-St-Zip:
 City-St-Zip:
 PALATKA, FL 32177

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: WANDA T. POWELL CEO 03/05/2007