2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001362

Entity Name: NEW LIFE PROJECT, INC.

FILED Sep 08, 2008 Secretary of State

Current Pri	incipal Place of Business:	New Princ	New Principal Place of Business:	
7455 S. R. 2 ELKTON, F		5140 NIXO ELKTON, F		
Current Mailing Address:		New Maili	New Mailing Address:	
7455 S. R. 2 ELKTON, F		5140 NIXO ELKTON, F		
FEI Number: 20-1772034 FEI Number Applied For () FEI Number la accordance with s. 607.193(2)(b), F.S., the corporation did not receive the			e.	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
WANDA, PO 7455 S. R. 2 ELKTON, F	207	WANDA, F 5140 NIXO ELKTON, F	N LANE	
The above in the State	named entity submits this statement for the purpose of Florida.	e of changing i	ts registered office or registered agent, or both,	
SIGNATURE:			09/08/2008	
Electronic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () Delete MCSWAIN, NORITA 495 SOUTH VOLUSIA ST. AUGUSTINE, FL 32084	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () Delete JOHNSON, REGENIA 12 BURNLEY PLACE PALM COAST, FL 32137	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete BRYANT, PETRONIA 7445 S.R. 207 ELKTON, FL 32033	Title: Name: Address: City-St-Zip:	T (X) Change () Addition MCMILLAN, MISTY 528 FRANCIS STREET ST. AUGUSTINE, FL 32084	
Title: Name: Address: City-St-Zip:	CEO () Delete POWELL, WANDA T 7455 S. R. 207 ELKTON, FL 32033	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition POWELL, WANDA T 5140 NIXON LANE ELKTON, FL 32033	
Title: Name: Address: City-St-Zip:	V () Delete MCMILLAN, MISTY 772 WEST 4TH STREET ST. AUGUSTINE, FL 32084	Title: Name: Address: City-St-Zip:	V (X) Change () Addition MCMILLAN, MISTY 528 FRANCIS STREET ST. AUGUSTINE, FL 32084	
Title: Name: Address: City-St-Zip:	D () Delete BROWN, TREASHA 607 SOUTH MOODY ROAD PALATKA, FL 32177	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: WANDA T POWELL CEO 09/08/2008