

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003403

FILED
Oct 21, 2009
Secretary of State

Entity Name: NEW LIFE CHRISTIAN CENTER OF IMMOKALEE, INC.

Current Principal Place of Business:

650 2ND AVENUE NORTH
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 268
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: 14-1900704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLORY, JAMES D PASTOR
3805 THE LORD'S WAY
NAPLES, FLORIDA, FL 34114 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: JAMES D. MALLORY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: REV. () Delete
Name: MALLORY, JAMES D PASTOR
Address: 3805 THE LORD'S WAY
City-St-Zip: NAPLES, FL 34114

Title: REV. () Delete
Name: BASCHIERRI, JOHN OFFICER
Address: 507 SUNSHINE BLVD.
City-St-Zip: LEHIGH ACRES, FL 33971

Title: REV. () Delete
Name: COONES, ARNIE OFFICER
Address: 6125 THRESHER DRIVE
City-St-Zip: NAPLES, FL 34112

Title: REV. () Delete
Name: J.D., MALLORY OFFICER
Address: 150 OAKWOOD COURT
City-St-Zip: NAPLES, FL 34110

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
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: JAMES DAVID MALLORY

REV

10/21/2009

Electronic Signature of Signing Officer or Director

Date