

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005271

FILED
Jan 26, 2009
Secretary of State

Entity Name: NEW LIFE REVIVAL CENTER, INC.

Current Principal Place of Business:

1871 DOUGLAS AVE.
SUITE D
CLEARWATER, FL 33755

New Principal Place of Business:

2440 S.R. 580
SUITE 7
CLEARWATER, FL 33761 US

Current Mailing Address:

1749 OVERBROOK AVE
CLEARWATER, FL 33755

New Mailing Address:

1749 OVERBROOK AVE
CLEARWATER, FL 33755 US

FEI Number: 65-1192791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARBEITER, KEITH A
1749 OVERBROOK AVE
CLEARWATER, FL 33755 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: PD () Delete
Name: MARBEITER, KEITH A
Address: 1749 OVERBROOK AVE
City-St-Zip: CLEARWATER, FL 33755

Title: VD () Delete
Name: MARBEITER, DAWN R
Address: 1749 OVERBROOK AVE
City-St-Zip: CLEARWATER, FL 33755

Title: STD () Delete
Name: MARBEITER, TANYA R
Address: 488 MACLEOD TERRACE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MARBEITER, TANYA R
Address: 4348 PLAZA DR.
City-St-Zip: HOLIDAY, FL 34691

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: KEITH A. MARBEITER

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date