

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005271

FILED  
Mar 19, 2011  
Secretary of State

**Entity Name:** NEW LIFE REVIVAL CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2440 S.R. 580  
SUITE 4  
CLEARWATER, FL 33761 US

**Current Mailing Address:**

1749 OVERBROOK AVE  
CLEARWATER, FL 33755 US

**New Mailing Address:**

FEI Number: 65-1192791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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  
Name: MARBEITER, KEITH A  
Address: 1749 OVERBROOK AVE  
City-St-Zip: CLEARWATER, FL 33755

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

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

I hereby 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 all other like empowered.

SIGNATURE: KEITH MARBEITER

PD

03/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date