## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 14, 2004 8:00 am Secretary of State

6/2

DOCUMENT # N0300005759  1. Entity Name   NEW LIFE BIBLE FELLOWSHIP, INC.									06-24-	2004 90	0079 036 *	***61.25
Principal Place of Business Maifing Address 6 HIDEAWAY LANE 6 HIDEAWAY LANE WINTER HAVEN, FL 33881 WINTER HAVEN, FL 3388					381			:	66423	479		
Principal Place of Business     3. Mailing Address												
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Suite, Apt. #, etc.			Suite, Apt. #, etc.					06132004	Chg-NP	CR2E	037 (10/03)	
City & State 3			City & State					4. FEI Numbe 20-1	33 35	89		plied For Applicable
Zip	Zip Country		Zìp		Co.	Country			of Status Desired		\$8.75 Add	litional
	d. Name	and Address of Current	Registere	d Agent				7. Name and	Address of New	Registere		
ROBINSO						Name Street Adds	<del></del>	O Pay Number	r is Not Accepta	blat		
6 HIDEAWAY LANE WINTER HAVEN, FL 33881				-رب ده عدل م		SI GEI ACCU	# 633 (r	.O. BOX Addition	i is inci accepia	0,01		
	:					City		·		<u>-</u>	Zip Code	
The above named entity submits this statement for the purpose of changing its regis						<u> </u>				F	L	
	named entry tions of registe		r ine purp	lose of changing its	register	ea onice of re	egisteri	ed agent, or dot	n, in the State of	Pioricia. ( a	m namurar with,	and accept
SIGNATURE									••			
L	Signature, typed o	or phritisd name of registered agent.	and title 4 aps	disable. (NOTE	Denimere							
					· ruspeace	o Age ( ag all a	required	when reinstating)	3	DATE		
D				9. Election Cart Trust Fund C	npaign F	inancing _		\$5.00 May 8 Added to Fees	•	Make ch		
10.	ue by Sep		RECTORS	9. Election Care Trust Fund C	paign Fontribut	Financing tion.	3	\$5.00 May 8 Added to Fees	•	Make che orlda Dep	eck payable to sertment of SI DIRECTORS IN	iste 10
L	D D	OFFICERS AND DIE	RECTORS	9. Election Carr Trust Fund C	ipaign F ontribut	Financing tion.	3	\$5.00 May 8 Added to Fees	e F	Make che orlda Dep	ck payable to artment of Si	ate
10. TITLE NAME STREET ADDRESS	D ROBINSO 6 HIDEAW	OFFICERS AND DIE N, HOLLIS IAY LANE	RECTORS	9. Election Care Trust Fund C	tpaign Fontribut	Financing tion.   E  E  EET ADDRESS	3	\$5.00 May 8 Added to Fees	e F	Make che orlda Dep	eck payable to sertment of SI DIRECTORS IN	iste 10
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12. I hereby certify that the information supplied with this filling closes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZP

Hollia Kobenson

June 13, 2004

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