

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005759

FILED  
May 18, 2005  
Secretary of State

**Entity Name:** NEW LIFE BIBLE FELLOWSHIP, INC.

**Current Principal Place of Business:**

6 HIDEAWAY LANE  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

6 HIDEAWAY LANE  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 20-1333589      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROBINSON, HOLLIS  
6 HIDEAWAY LANE  
WINTER HAVEN, FL 33881      US

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: D      ( ) Delete  
Name: ROBINSON, HOLLIS  
Address: 6 HIDEAWAY LANE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D      ( ) Delete  
Name: ROBINSON, OLGA I  
Address: 6 HIDEAWAY LANE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D      ( ) Delete  
Name: SAWYER, LINDA  
Address: 1301 POLK CITY RD, LOT 48  
City-St-Zip: HAINES CITY, FL 33844

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOLLIS ROBINSON

PRES

05/18/2005

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

\_\_\_\_\_  
Date