

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006179

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** NEW LIFE - CLEARVISION FULL GOSPEL MINISTRIES INC.

**Current Principal Place of Business:**

5835 NW 145 AVE RD  
MORRISTON, FL 32668

**New Principal Place of Business:**

**Current Mailing Address:**

5835 NW 145 AVE RD  
MORRISTON, FL 32668

**New Mailing Address:**

**FEI Number:** 02-0697996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHISHOLM, TIMOTHY  
5805 NW 145 AVE RD  
MORRISTON, FL 32668 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: P ( ) Delete  
Name: CHISHOLM, SHIRLEY  
Address: 5805 NW 145TH AVENUE ROAD  
City-St-Zip: MORRISTON, FL 32668

Title: FC ( ) Delete  
Name: SWEETWINE, DARRYL L  
Address: 5805 NW 145TH AVE RD  
City-St-Zip: MORRISTON, FL 32668

Title: D ( ) Delete  
Name: CHISHOLM, TIMOTHY  
Address: 5805 NW 145TH AVE ROAD  
City-St-Zip: MORRISTON, FL 32668

Title: O ( ) Delete  
Name: BERRY, JULIA  
Address: P.O. BOX 1354  
City-St-Zip: LAKE PARK, GA 31636

**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: SHIRLEY CHISHOLM

P

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date