2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# N03000007153

Entity Name: NEW LIFE MEN'S AND WOMEN'S PROGRAM, INC.

Current Principal Place of Business:

2120-50 COLLIER AVE.
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

2120-50 COLLIER AVE.
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 54-2133463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANASTASI, GASPAR
2120-50 COLLIER AVE.
FORT MYERS, FL 33901 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:	ANASTASI, GASPAR	
Address:	8881 BANYAN COVE CIR	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	VP	( ) Delete
Name:	ANASTASI, MICHELLE	
Address:	8881 BANYAN COVE CIR	
City-St-Zip:	FORT MYERS, FL 33919	
Title:	S	( ) Delete
Name:	SCOCA, ANNETTE	
Address:	175 ROLLING STREET	
City-St-Zip:	MALVERNE, NY 11565	
Title:	T	( ) Delete
Name:	ANASTASI, PHILIP	
Address:	6659 FIESTA WAY	
City-St-Zip:	FT. MYERS, FL 33919	
Title:	T	( ) Delete
Name:	SPARROW, JILL	
Address:	1425 COLLINGS RD	
City-St-Zip:	FORT MYERS, FL 33919	

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:	
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 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: ANNETTE J. SCOCA SEC 01/25/2007

Electronic Signature of Signing Officer or Director — Date