

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007153

FILED
Oct 05, 2009
Secretary of State

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:

2120-50 COLLIER AVE.
SUITE H
FORT MYERS, FL 33901

Current Mailing Address:

2120-50 COLLIER AVE.
FORT MYERS, FL 33901

New Mailing Address:

2120-50 COLLIER AVE.
SUITE H
FORT MYERS, FL 33901

FEI Number: 54-2133463 **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:

ANASTASI, GASPAR
2120-50 COLLIER AVE.
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

ANASTASI, GASPAR
2120-50 COLLIER AVE.
SUITE H
FORT MYERS, FL 33901 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: GASPAR ANASTASI

10/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: CIORCIARO, GIUSEPPE
Address: 3870 CENTRAL AVE
City-St-Zip: FT MYERS, FL 33901

Title: VP () Delete
Name: SPARROW, ROBERT
Address: 1425 COLLINS RD
City-St-Zip: FT MYERS, FL 33901

Title: P () Delete
Name: ANASTASI, PHILIP
Address: 2361 CHANDLER AVENUE
City-St-Zip: FT. MYERS, FL 33907

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 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: GIUSEPPE CIORCIARO

SECR

10/05/2009

Electronic Signature of Signing Officer or Director

Date