

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007153

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

2120-50 COLLIER AVE.  
SUITE H  
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.  
SUITE H  
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:** TS  
**Name:** CIORCIARO, GIUSEPPE  
**Address:** 3870 CENTRAL AVE  
**City-St-Zip:** FT MYERS, FL 33901

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** GIUSEPPE CIORCIARO

TS

04/07/2010

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

\_\_\_\_\_  
Date