


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90116 020 ****70.00

DOCUMENT # N03000007231			
1. Entity Name NEW LIFE COMMUNITY PROMISE, INC.			
Principal Place of Business 650 W POPE RD #218 ST AUGUSTINE, FL		Mailing Address 650 W POPE RD #218 ST AUGUSTINE, FL	
2. Principal Place of Business 2730 US 1 So, Ste F Suite, Apt. #, etc. Suite F City & State St. Augustine, FL Zip 32086 Country U.S.		3. Mailing Address P. O. Box 2049 Suite, Apt. #, etc. P. O. Box 2049 City & State St. Augustine, FL Zip 32085 Country U.S.	
6. Name and Address of Current Registered Agent STROMAN, CARRIE L 650 W POPE RD #218 ST AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name Carrie L. Stroman Street Address (P.O. Box Number is Not Acceptable) 650 W. Pope Rd Apt #218 City St. Augustine FL Zip Code 32080	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Carrie L. Stroman Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 7/2/2004			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROMAN, CARRIE L 650 W POPE RD #218 ST AUGUSTINE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOONE, ROBERT 7415 CR 208 ST AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARGEMAN, WANDA 1088 W 15 ST ST. AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.			
SIGNATURE: Carrie L. Stroman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/2/2004 (904) 797-9022 Date Daytime Phone #	



07022004 Chg-NP CR2E037 (10/03)

4. FEI Number
54-2120668
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required