

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007865

**FILED
Apr 29, 2004
Secretary of State**

Entity Name: NEW LIFE MISSIONS, INC.

Current Principal Place of Business:

714 OVERBROOK DR
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

714 OVERBROOK DR
FT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLAIRE, TIMOTHY
714 OVERBROOK DR
FT WALTON BEACH, FL 32547

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: PD () Delete
Name: ALLAIRE, TIMOTHY
Address: 714 OVERBROOK DR
City-St-Zip: FT WALTON BEACH, FL 32547

Title: VD () Delete
Name: ALLAIRE, ANNAMMA
Address: 714 OVERBROOK DR
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: MCDONALD, JAMES MICHAEL
Address: 8809 WAYNELL CIR
City-St-Zip: NAVARRE, FL 32566

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 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 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: TIMOTHY ALLAIRE

PD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date