2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008996

FILED Jan 16, 2009 Secretary of State

Entity Name: NEW LIFE COMMUNITY CENTER OF SOUTHWEST FLORIDA, INC.

| urrent P | rincipal Place of Business: | New Principal Place of Business: |
|--|--|--|
| 2390 SEABOARD AVENUE /ENICE, FL 34293 | | 5800 TAMIAMI TRAIL SOUTH VENICE, FL 34293 |
| urrent M | lailing Address: | New Mailing Address: |
| | INGO DRIVE FL 34293 | 5800 TAMIAMI TRAIL SOUTH VENICE, FL 34293 |
| I Number | : FEI Number Applied Fo | or () FEI Number Not Applicable (X) Certificate of Status Desired (X) |
| ame and | l Address of Current Registered A | gent: Name and Address of New Registered Agent: |
| | PH, BURT E REV. | |
| | INGO ROAD FL 34293 US | |
| -ORIDA, ne above | FL 34293 US | for the purpose of changing its registered office or registered agent, or both, |
| ORIDA, ne above the State | FL 34293 US e named entity submits this statement e of Florida. RE: | |
| ORIDA, ne above the State GNATUI | FL 34293 US e named entity submits this statement e of Florida. | for the purpose of changing its registered office or registered agent, or both, ered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR |
| ORIDA, ne above the State GNATUI | FL 34293 US e named entity submits this statement e of Florida. RE: Electronic Signature of Registe | ered Agent Date |
| ORIDA, ne above the State GNATUI FFICER: le: me: dress: | e named entity submits this statement e of Florida. RE: Electronic Signature of Registe S AND DIRECTORS: D () Delete BURT, RANDOLPH E REV. 547 FLAMINGO RD | ered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: Name: Address: |

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: RANDOLPH EUGENE BURT D 01/16/2009