

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009877

FILED
May 03, 2007
Secretary of State

Entity Name: NEW LIFE OUTREACH MINISTRY OF PINELLAS INC.

Current Principal Place of Business:

916 UNION ST S
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

916 UNION ST S
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 90-0105985 **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:

Name and Address of New Registered Agent:

BOYD, ROBERT
3994 37TH STREET SOUTH
BLDG. 2, UNIT 11
ST PETERSBURG, FL 33711 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HOPKINS, THEODORE
Address: 2393 N SUNSHINE PATH
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: C () Delete
Name: FELLIN, HERMAN
Address: 160 CODY WAY
City-St-Zip: SEBRING, FL 33870

Title: ED () Delete
Name: BOYD, ROBERT
Address: 3994 37TH STREET SOUTH, BLDG. 2, UNIT 11
City-St-Zip: ST PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: FELLIN, HERMAN
Address: 538 BROAD STREET
City-St-Zip: SEBRING, FL 33870

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: ROBERT BOYD

ED

05/03/2007

Electronic Signature of Signing Officer or Director

Date