


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000009877 1. Entity Name NEW LIFE OUTREACH MINISTRY OF PINELLAS INC.	
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Principal Place of Business 916 UNION ST S ST PETERSBURG, FL 33712	Mailing Address 916 UNION ST S ST PETERSBURG, FL 33712
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04012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0105985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOYD, ROBERT 3994 37TH STREET SOUTH BLDG. 2, UNIT 11 ST PETERSBURG, FL 33711
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000947177 06/02/08-80004-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOPKINS, THEODORE 2393 N SUNSHINE PATH CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FELLIN, HERMAN 538 BROAD STREET SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BOYD, ROBERT 3994 37TH STREET SOUTH, BLDG. 2, UNIT 11 ST PETERSBURG, FL 33711
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Apr, 08 (727) 688-1368
Date Daytime Phone #