

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009877

FILED  
Apr 29, 2009  
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:**

3994 37TH STREET SOUTH  
BUILDING 2, UNIT 11  
ST PETERSBURG, FL 33711

**FEI Number:** 90-0105985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

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

Title: C ( ) Delete  
Name: FELLIN, HERMAN  
Address: 538 BROAD STREET  
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: ( ) 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 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

CEO

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date