

**2007 NOT-FOR-PROFIT CORPORATION -
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001598

1. Entity Name
NEW LIFE CENTER OUTREACH MINISTRIES INC.



Principal Place of Business
**3229 S.W. STATE ROAD 47
LAKE CITY, FL 32025**

Mailing Address
**3229 S.W. STATE ROAD 47
LAKE CITY, FL 32025**

DO NOT WRITE IN THIS SPACE



03112007 No Chg-NP CR2E037 (4/06)

4. FEI Number
30-0252812

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCDANIEL, RUSSELL LEROY
3213 S.W. STATE ROAD 47
LAKE CITY, FL 32025**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCDANIEL, RUSSELL LEROY
3213 S.W. STATE ROAD 47
LAKE CITY, FL 32025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCDANIEL, DORIS ELAINE
3213 S.W. STATE ROAD 47
LAKE CITY, FL 32025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COLEMAN, DONNE
P.O. BOX 185
MC ALPIN, FL 320620185**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PARSONS, CLAUDIA
236 S.W. ACE LANE
LAKE CITY, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000666525
03/23/07-80073-017 70.00

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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: *Claudia Parsons (Claudia Parsons)* **3-11-07 386-755-6510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #