


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # N04000001598 1. Entity Name NEW LIFE CENTER OUTREACH MINISTRIES INC.	
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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
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DO NOT WRITE IN THIS SPACE



03022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 30-0252812	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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 _____ (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
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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	

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03/27/08-80065-020 70.00

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) 3-9-08 (386)755-6510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #