2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2009
Secretary of State

DOCUMENT# N04000001598

Entity Name: NEW LIFE CENTER OUTREACH MINISTRIES INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 30-0252812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MCDANIEL, RUSSELL LEROY
3213 S.W. STATE ROAD 47
LAKE CITY, FL 32025 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:	PD	( ) Delete
Name:	MCDANIEL, RUSSELL LEROY	
Address:	3213 S.W. STATE ROAD 47	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	VD	( ) Delete
Name:	MCDANIEL, DORIS ELAINE	
Address:	3213 S.W. STATE ROAD 47	
City-St-Zip:	LAKE CITY, FL 32025	
Title:	SD	( ) Delete
Name:	COLEMAN, DONNE	
Address:	P.O. BOX 185	
City-St-Zip:	MC ALPIN, FL 320620185	
Title:	TD	( ) Delete
Name:	PARSONS, CLAUDIA	
Address:	236 S.W. ACE LANE	
City-St-Zip:	LAKE CITY, FL 33025	

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:	
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: CLAUDIA PARSONS TD 07/05/2009

Electronic Signature of Signing Officer or Director — Date