

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003666

FILED  
Dec 12, 2006  
Secretary of State

**Entity Name:** NEW LIFE CHURCH OF FLORIDA, INC.

**Current Principal Place of Business:**

3615 N 22 ST  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

3615 N 22 ST  
TAMPA, FL 33605

**New Mailing Address:**

FEI Number: 20-1522924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

RODGERS, PASTOR LEVEDA  
3615 N 22 ST  
TAMPA, FL 33605      US

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: LEVEDA RODGERS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: RODGERS, PAS. NATHANIEL  
Address: 3615 N 22 ST  
City-St-Zip: TAMPA, FL 33605

Title: D      ( ) Delete  
Name: RODGERS, PASTOR LEVEDA  
Address: 3615 N 22 ST  
City-St-Zip: TAMPA, FL 33605

Title: D      ( ) Delete  
Name: JONES, GLORIA A  
Address: 3615 N 22 ST  
City-St-Zip: TAMPA, FL 33605

**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 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: GLORIA ANN JONES

DIR.

12/12/2006

Electronic Signature of Signing Officer or Director

Date