

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUL 20 AM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/23/07--01001--012 \*\*122.50  
700106552427  
07/23/07--01001--012 \*\*122.50

CR2E081 (1/07)

06407  
Annual Reports  
DOCUMENT # N04000007937  
1. Corporation Name  
Newness of Life Temple of Faith C.O.G.I.C.  
Inc.

2. Principal Office Address - No P.O. Box #  
3633 EAGLENEST CT  
Melbourne  
Suite, Apt. #, etc.

3. Mailing Office Address  
P.O. Box 121411  
Suite, Apt. #, etc.

City & State  
Melbourne FL  
Zip  
32904  
Country  
USA

City & State  
W. Melbourne, FL 32912-1411  
Zip  
32912-1411  
Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 6.28.07  
5. FEI Number  
03-0545180  
Applied For  
Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent  
Name  
Jessie L. McMillan  
Street Address (P.O. Box Number is Not Acceptable)  
3633 EAGLENEST CT  
Suite, Apt. #, Etc.  
City  
Melbourne  
State  
FL  
Zip Code  
32904

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  
Signature of  
Registered Agent  
Jessie McMillan  
REGISTERED AGENT MUST SIGN  
Date  
7.17.07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PASTOR Darrell L. McMillan	3633 Eagle Nest Ct Melbourne FL 32904	Melbourne FL 32904
VP	Jessie L. McMillan	3633 Eagle Nest Ct	Melbourne FL 32904
D	Angela Little	1830 Cedarwood DR	Melbourne FL 32935
SP	Laquasha T. Graham	3150 S. Badcock St Apt 75	Melbourne FL 32905
DH	Patricia Smith	909 Hickory St. Apt B	Melbourne FL 32901

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing  
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees  
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated  
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  
SIGNATURE: Jessie McMillan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
7.17.07  
Daytime Phone #  
321  
549-4416

Theris