

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000053

FILED
Sep 06, 2006
Secretary of State

Entity Name: NEW LIFE OF RIVERVIEW INC.

Current Principal Place of Business:

PO BOX 3359
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

PO BOX 3359
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

WILLIAMS, MICHAEL
10409 ZACKARY CIRCLE APT 14
RIVERVIEW, FL 33569 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, MICHAEL
Address: PO BOX 3359
City-St-Zip: RIVERVIEW, FL 33569

Title: DST () Delete
Name: TOLEDO, EVELYN
Address: 10259 ALLENWOOD DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: TOLEDO, IVAN
Address: 10259 ALLENWOOD DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: DAVIDSON, SHON
Address: 11310 BROWNSTONE COURT
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: CLARKE, MICHELLE
Address: 12638 EARLY RUN LANE
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: MILLER, CARIN S
Address: 6216 N 41 STREET
City-St-Zip: TAMPA, FL 33610

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:

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: EVELYN TOLEDO

DST

09/06/2006

Electronic Signature of Signing Officer or Director

Date