

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001838

FILED
Apr 27, 2006
Secretary of State

Entity Name: NEW LIFE MINISTRIES OF JAMESTOWN, INC.

Current Principal Place of Business:

2170 JAMES DR
JAMESTOWN, FL 32765

New Principal Place of Business:

Current Mailing Address:

2170 JAMES DR
JAMESTOWN, FL 32765

New Mailing Address:

FEI Number: 16-1719403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LUCAS, BRIAN PD
135 ROSA AVE
OVIEDO, FL 32765 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: BRIAN LUCAS

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUCAS, BRIAN
Address: 2170 JAMES DR
City-St-Zip: JAMESTOWN, FL 32765

Title: V () Delete
Name: KNIGHT, BRANDON LEE
Address: 2170 JAMES DR
City-St-Zip: JAMESTOWN, FL 32765

Title: SD () Delete
Name: JONES, RENETA RUTH
Address: 2170 JAMES DR
City-St-Zip: JAMESTOWN, FL 32765

Title: TD () Delete
Name: GAMMON, JEFFREY TROY
Address: 2170 JAMES DR
City-St-Zip: JAMESTOWN, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LUCAS, BRIAN
Address: 135 ROSA AVE
City-St-Zip: OVIEDO, FL 32765

Title: V (X) Change () Addition
Name: SMITH, ALONZO
Address: 84 AVENUE B
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change () Addition
Name: SHAVERS, JENNIFER D
Address: 135 ROSA AVE
City-St-Zip: OVIEDO, FL 32765

Title: TD (X) Change () Addition
Name: GARRETT, CAROLYN
Address: 2062 JAMES DR
City-St-Zip: JAMESTOWN, FL 32765

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: BRIAN LUCAS

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date