

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001838

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NEW LIFE MINISTRIES OF JAMESTOWN, INC.

**Current Principal Place of Business:**

3228 WEST STATE ROAD 426  
SUITE 1016  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 620955  
OVIEDO, FL 327620955 US

**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:**

LUCAS, BRIAN PD  
478 WEST PALM VALLEY DRIVE  
OVIEDO, FL 32765 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  
Name: LUCAS, BRIAN  
Address: 478 WEST PALM VALLEY DRIVE  
City-St-Zip: OVIEDO, FL 32765

Title: V  
Name: SMITH, ALONZO  
Address: 84 AVENUE B  
City-St-Zip: OVIEDO, FL 32765

Title: SD  
Name: BROWN, ROCHELLE  
Address: 8507 BUCKLEY COURT  
City-St-Zip: ORLANDO, FL 32817

Title: TD  
Name: PINKNEY, VANESSA A  
Address: 4913 KATI LYNN DRIVE  
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: BRIAN LUCAS

PD

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date