


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90012 028 \*\*\*\*61.25

<b>DOCUMENT # N05000003202</b>					
1. Entity Name <b>NEW LIFE DELIVERANCE DREAM CENTER FOR YOUTH'S, INC.</b>					
Principal Place of Business <b>2101 SECOND ST NE WINTER HAVEN FL 33881</b>			Mailing Address <b>PO BOX 10576 WINTER HAVEN FL 33885</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>16-1719456</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HAWTHORNE, GREGORY L SR 1679 WATERVIEW LOOP HAINES CITY FL 33844</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAWTHORNE, GREGORY L 1679 WATERVIEW LOOP HAINES CITY FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAWTHORNE, GREGORY L 5727 OLD LUCERNE PARK RD WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAWTHORNE, LISA 1679 WATERVIEW LOOP HAINES CITY FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAWTHORNE, LISA 5727 OLD LUCERNE PARK RD WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LANIER, SEBRINA 1419 BLUFF LEO DUNDEE FL 33838	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOWARD, WINIFRED 3321 VERBENA AVE WINTER HAVEN FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_