

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008680

FILED
Sep 09, 2008
Secretary of State

Entity Name: NEW LIFE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

2821 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2821 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-3345069 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

AWONIYI, BARBARA
2793 ROYAL OAKS DR.
TALLAHASSEE, FL 32309 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: D () Delete
Name: CARTER, SEABORN
Address: 4391 COOLVIEW DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST () Delete
Name: DAVIS, KIMBERLY
Address: 2136 E PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: AS () Delete
Name: ROBINSON, TEREATHA
Address: 2785 WADE TRAIL
City-St-Zip: TALLAHASSEE, FL 32305

Title: P () Delete
Name: AWONIYI, BARBARA
Address: 2793 ROYAL OAKS DR
City-St-Zip: TALLAHASSEE, FL 32309

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:

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA AWONIYI

RA

09/09/2008

Electronic Signature of Signing Officer or Director

Date