2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# N05000011635

Entity Name: NEW LIFE OF SARASOTA, INC.

Current Principal Place of Business:

30 MIMOSA DR.
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

30 MIMOSA DR.
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 20-3811129 **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:

PALMER, BRIAN
2937 BEE RIDGE RD.
SUITE 2
SARASOTA, FL 34239 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:	P	( ) Delete
Name:	FARRELL, KAREN	
Address:	30 MIMOSA DR.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	S	( ) Delete
Name:	RITTER, TERRI	
Address:	3533 GOCIO RD.	
City-St-Zip:	SARASOTA, FL 34235	
Title:	D	( ) Delete
Name:	GILCHRIST, SISTER CE	
Address:	30 MIMOSA DR.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	CLARKE, DOLORES	
Address:	3509A AVENIDA MADERA	
City-St-Zip:	BRADENTON, FL 34210	
Title:	D	( ) Delete
Name:	LORIA, TINA	
Address:	30 MIMOSA DR.	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	MCLANE, LOUISE L DR.	
Address:	7157 S. LEEWYNN DR.	
City-St-Zip:	SARASOTA, FL 34240	

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: KAREN FARRELL P 07/11/2006

Electronic Signature of Signing Officer or Director — Date