

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011635

FILED  
May 03, 2007  
Secretary of State

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:

## Name and Address of New Registered Agent:

PALMER, BRIAN  
2937 BEE RIDGE RD.  
SUITE 2  
SARASOTA, FL 34239 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: 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 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

05/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date