2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008
Secretary of State

DOCUMENT# N06000002550

Entity Name: NEWNESS OF LIFE INTERNATIONAL FELLOWSHIP CENTER INC.

Current Principal Place of Business:

336 VALLEY GLEN CT
CONCORD, NC 28027

New Principal Place of Business:

Current Mailing Address:

336 VALLEY GLEN CT.
CONCORD, NC 28027

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BELL, GAIL R.
336 VALLEY GLEN CT.
CONCORD, FL 28027 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: MILLER, BRENDA
Address: 336 VALLEY GLEN CT
City-St-Zip: CONCORD, NC 28027

Title: T ( ) Delete
Name: MILLER, VALERIE
Address: 336 VALLEY GLEN CT
City-St-Zip: CONCORD, NC 28027

Title: AS ( ) Delete
Name: BELL, GAIL
Address: 336 VALLEY GLEN CT
City-St-Zip: CONCORD, NC 28027

Title: S ( ) Delete
Name: ANDERSON, IZORA
Address: 336 VALLEY GLEN CT
City-St-Zip: CONCORD, NC 28027

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: MILLER, LORENZO VP
Address: 336 VALLEY GLEN
City-St-Zip: CONCORD, NC 28027

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: GAIL BELL AS 09/10/2008
Electronic Signature of Signing Officer or Director — Date