2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# N06000006499

Entity Name: NEW LIFE CHRISTIAN MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

2600 E SAM ALLEN RD
PLANT CITY, FL 33565 US

New Principal Place of Business:

Current Mailing Address:

2600 E SAM ALLEN RD
PLANT CITY, FL 33565 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BROWN, CLIFTON M
2600 E SAM ALLEN RD
PLANT CITY, FL 33565 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: BROWN, CLIFTON M
Address: 2600 E SAM ALLEN RD
City-St-Zip: PLANT CITY, FL 33565 US

Title: VP ( ) Delete
Name: HINES, MARVIN JR
Address: 7178 AUTUMN ST
City-St-Zip: HOMOSASSA, FL 34446 US

Title: S ( ) Delete
Name: HINES, MARY
Address: 7178 AUTUMN ST
City-St-Zip: HOMOSASSA, FL 34446 US

Title: T ( ) Delete
Name: BROWN, JANICE
Address: 2600 E SAM ALLEN RD
City-St-Zip: PLANT CITY, FL 33565 US

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 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: CLIFTON M BROWN P 03/08/2007

Electronic Signature of Signing Officer or Director — Date