

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012241

FILED
Apr 13, 2007
Secretary of State

Entity Name: NEW LIFE FELLOWSHIP OF CLAY COUNTY, INC.

Current Principal Place of Business:

2825 TUSCAROTA TRAIL
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

PO BOX 65875
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 20-5963587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRO, ROBERT
2825 TUSCARORA TRAIL
MIDDLEBRUG, FL 32068 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: D () Delete
Name: MORRO, ROBERT
Address: 2825 TUSCARORA TRAIL
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: SPATE, NATHAN
Address: 1441 MANOTAK AVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: WOOD, LLOYD
Address: 2233 ALDERNEY CT
City-St-Zip: MIDDLEBURG, FL 32065

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:

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: ROBERT MORRO

D

04/13/2007

Electronic Signature of Signing Officer or Director

Date