2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012241

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

Current Principal Place	of Business:	New Principal Place of Business:			
2825 TUSCAROTA TRAIL MIDDLEBURG, FL 32068		2835 TUSCARORA TRAIL MIDDLEBURG, FL 32068			
Current Mailing Address:		New Mailing Address:			
PO BOX 65875 ORANGE PARK, FL 32065		1033 BLANDING BLVD. SUITE 301 ORANGE PARK, FL 32065			
FEI Number: 20-5963587	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired()		
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:			
MORRO, ROBERT 2825 TUSCARORA TRA MIDDLEBRUG, FL 3206		MORRO, ROBERT 2835 TUSCARORA TF MIDDLEBRUG, FL 32			

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: ROBERT MORRO		02/17/2009		
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	D () Delete	Title:		
Name:	MORRO, ROBERT	Name:		
Address:	2825 TUSCARORA TRAIL	Address:		
City-St-Zip:	MIDDLEBURG, FL 32068	City-St-Zip:		
Title:	D () Delete	Title:	222 BLAIREMORE BLVD. APT.#26	
Name:	CARRIER, ROBERT	Name:		
Address:	3850 DOCTORS LAKE DR LOT 1	Address:		
City-St-Zip:	ORANGE PARK, FL 32065	City-St-Zip:		
Title:	D () Delete	Title:	7595 BAYMEADOWS CIRCLE W APT.309	
Name:	LANE, KYLE	Name:		
Address:	7502 DEVONDALE WAY	Address:		
City-St-Zip:	JACKSONVILLE, FL 32256	City-St-Zip:		
Title:	() Delete	Title:	D () Change (X) Addition	
Name:		Name:	WARREN, KEITH	
Address:		Address:	2815 KIOWA AVE.	
City-St-Zip:		City-St-Zip:	ORANGE PARK, FL 32065	
Title:	() Delete	Title:	D () Change (X) Addition	
Name:		Name:	DORREL, MICHAEL	
Address:		Address:	2494 HIBISCUS AVE.	
City-St-Zip:		City-St-Zip:	MIDDLEBURG, FL 32068	

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:	ROBERT MORRO	D	02/17/2009
	Electronic Signature of Signing Officer or Director		Date

MIDDLEBRUG, FL 32068 US

FILED Feb 17, 2009 Secretary of State