

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06716

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: NEW LIFE CHRISTIAN FELLOWSHIP, INC.

**Current Principal Place of Business:**

% LARRY LINKOUS  
6755 S. WASHINGTON AVE.  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

% LARRY LINKOUS  
6755 S. WASHINGTON AVE  
TITUSVILLE, FL 32780

**New Mailing Address:**

FEI Number: 59-2554734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LINKOUS, LARRY  
788 FLORENCIA CIRCLE  
TITUSVILLE, FL 32780      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: PD ( ) Delete  
Name: LINKOUS, LARRY  
Address: 788 FLORENCIA CIR  
City-St-Zip: TITUSVILLE, FL 32780

Title: VD ( ) Delete  
Name: LINKOUS, SANDRA  
Address: 788 FLORENCIA CIR  
City-St-Zip: TITUSVILLE, FL 32780

Title: SD ( ) Delete  
Name: RAMSEY, ROY  
Address: 980 CRISTABOL DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: VD ( ) Delete  
Name: RAMSEY, JOYCE  
Address: 980 CRISTIBOL DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: TD ( ) Delete  
Name: HICKS, HOLLIS H  
Address: 4780 BISCYANE DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

**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:

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: LARRY LINKOUS

PD

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date