


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90340 047 ****61.25

DOCUMENT # N07000002933 1. Entity Name NEW LIFE UNITY CHURCH, INC.					
Principal Place of Business 4300 E. BAY DR., #130 CLEARWATER, FL 33764			Mailing Address 4300 E. BAY DR., #130 CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box # 13540 N. Florida Ave		3. Mailing Address PO Box 341824			
Suite, Apt. #, etc. #104		Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL			
Zip 33613		Country USA		Zip 33694	
Country USA		Country USA			
6. Name and Address of Current Registered Agent WALSH, VIRGINIA REV 4300 E. BAY DR., #130 CLEARWATER, FL 33764					
7. Name and Address of New Registered Agent Name Virginia Walsh Street Address (P.O. Box Number is Not Acceptable) 1344 Windsor Way City hutz FL Zip Code 33559					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Virginia Walsh</i> 4-13-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DP <input type="checkbox"/> Delete ROUSE, BRENDA 14523 THORNFIELD CT. TAMPA, FL 336242609				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DT <input checked="" type="checkbox"/> Delete CARUSO, DIANE 17514 BALMAHA DR. LAND O LAKES, FL 34638				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DS <input checked="" type="checkbox"/> Delete MIKKLESON, MILLIE 2701 CAMPUS HILL DR. TAMPA, FL 33612				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete (Empty row)				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete (Empty row)				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete (Empty row)				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rouse, Brenda 14523 Thornfield Ct Tampa FL 33624				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Carver, Dana 6325 Queensway Dr Temple Terrace, FL 33559				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Virginia C. Wilson 19615 Michigan Ave Ddessa FL 33556				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition H. Toni Cruz 1901 W. Saint Isabel St. Tampa FL 33607				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty row)				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>Brenda Rouse, Treasurer</i> 4/11/08 813-962-8159 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					