

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002933

FILED  
May 02, 2009  
Secretary of State

Entity Name: NEW LIFE UNITY CHURCH, INC.

## Current Principal Place of Business:

13540 N. FLORIDA AVE  
TAMPA, FL 33613

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 341824  
TAMPA, FL 33694

## New Mailing Address:

FEI Number: 20-8591432      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

WALSH, VIRGINIA  
1344 WINDSOR WAY  
LUTZ, FL 33559      US

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: DT      ( ) Delete  
Name: ROUSE, BRENDA  
Address: 14523 THORNFIELD CT.  
City-St-Zip: TAMPA, FL 33624

Title: DP      ( ) Delete  
Name: CARVER, DANA  
Address: 6325 QUEENSWAY DR.  
City-St-Zip: TEMPLE TERRACE, FL 33559

Title: DS      ( ) Delete  
Name: WILSON, VIRGINIA C  
Address: 19615 MICHIGAN AVE.  
City-St-Zip: ODESSA, FL 33556

Title: D      ( ) Delete  
Name: CRUZ, TONI H  
Address: 1901 W. SAINT ISABEL ST.  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS      (X) Change ( ) Addition  
Name: ROUSE, BRENDA P  
Address: 14523 THORNFIELD CT.  
City-St-Zip: TAMPA, FL 33624

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: WILSON, VIRGINIA C  
Address: 19615 MICHIGAN AVE.  
City-St-Zip: ODESSA, FL 33556

Title: DT      (X) Change ( ) Addition  
Name: HEDICK, JEAN  
Address: 10044 WEEKS DRIVE  
City-St-Zip: BROOKSVILLE, FL 34601

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: BRENDA P ROUSE

DS

05/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date