

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003951

FILED
Apr 28, 2009
Secretary of State

Entity Name: NEWNESS OF LIFE CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

214 CRANBROOK DRIVE
KISSIMMEE, FL 34758

New Principal Place of Business:

3001 CANOE CREEK ROAD
ST CLOUD, FL 34772

Current Mailing Address:

214 CRANBROOK DRIVE
KISSIMMEE, FL 34758

New Mailing Address:

3001 CANOE CREEK ROAD
ST CLOUD, FL 34772

FEI Number: 20-3953770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOCH, RALPH D
214 CRANBROOK DRIVE
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

KOCH, RALPH D
3001 CANOE CREEK ROAD
ST CLOUD, FL 34772 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: RALPH D KOCH

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOCH, RALPH D
Address: 214 CRANBROOK DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: D () Delete
Name: LINTON, ANDREA
Address: 1505 ELOISE CT.
City-St-Zip: KISSIMMEE, FL 34759

Title: VP () Delete
Name: MROSKO, STEVEN
Address: 214 CRANBROOK DR.
City-St-Zip: KISSIMMEE, FL 34758

Title: SEC (X) Delete
Name: MURRAY, CHERYL A
Address: 2622 MILL RUN BLVD.
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete
Name: WHITEMORE, APRIL
Address: 4018 GEORGETOWN CT.
City-St-Zip: ST. CLOUD, FL 34772

Title: D (X) Delete
Name: GIPE, RICHARD
Address: 570 E. 5TH ST.
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GIPE, RICHARD A
Address: 570 E. 5TH ST
City-St-Zip: ST CLOUD, FL 34769

Title: SEC (X) Change () Addition
Name: MURRAY, CHERYL A
Address: 2622 MILL RUN BLVD
City-St-Zip: KISSIMMEE, FL 34744

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: RALPH D KOCH

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date