

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007794

FILED
Jun 10, 2008
Secretary of State

Entity Name: NEW LIFE CHRISTIAN FELLOWSHIP OF OCALA, INC.

Current Principal Place of Business:

POST OFFICE BOX 6858
C/O VELVEA BROWN
OCALA, FL 34478

New Principal Place of Business:

6302 NW 66TH COURT
OCALA, FL 34482

Current Mailing Address:

POST OFFICE BOX 6858
C/O VELVEA BROWN
OCALA, FL 34478

New Mailing Address:

FEI Number: 80-0157166 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

BROWN, VELVEA
6302 NW 66TH COURT
OCALA, FL 34482 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: P () Delete
Name: BROWN, VELVEA
Address: POST OFFICE BOX 6858
City-St-Zip: OCALA, FL 34478

Title: VP () Delete
Name: THOMAS, PAMELA
Address: POST OFFICE BOX 6858
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VELVEA BROWN

P

06/10/2008

Electronic Signature of Signing Officer or Director

Date