

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000000035

FILED
Oct 13, 2009
Secretary of State

Entity Name: NEW LIFE WORSHIP CENTER INC

Current Principal Place of Business:

811 N CENTRAL AVE
KISSIMMEE, FL 34741

New Principal Place of Business:

2700 PARTIN SETTLEMENT RD
KISSIMMEE, FL 34744

Current Mailing Address:

811 N CENTRAL AVE
KISSIMMEE, FL 34741

New Mailing Address:

2700 PARTIN SETTLEMENT RD
KISSIMMEE, FL 34744

FEI Number: 32-0228573 **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:

WOLLISTON, ALVIN
811 N CENTRAL AVE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

MAXWELL, ROMANDA
2700 PARTIN SETTLEMENT RD
KISSIMMEE, FL 34744 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: ROMANDA MAXWELL

10/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLLISTON, ALVIN
Address: 811 N CENTRAL AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: WOLLISTON, BARBARA
Address: 811 N CENTRAL AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: ADMI () Delete
Name: MAXWELL, ROMANDA
Address: 811 N CENTRAL AVE
City-St-Zip: KISSIMMEE, FL 34741

Title: TR () Delete
Name: HARRISON, GIRVIN
Address: 11742 SIR WINSTON WAY
City-St-Zip: ORL, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOLLISTON, ALVIN
Address: 2700PARTIN SETTLEMENT RD
City-St-Zip: KISSIMMEE, FL 34744

Title: VP (X) Change () Addition
Name: WOLLISTON, BARBARA
Address: 2700 PARTIN SETTLEMENT RD
City-St-Zip: KISSIMMEE, FL 34741

Title: ADM (X) Change () Addition
Name: MAXWELL, ROMANDA
Address: 2812 EAGLE EYE CT
City-St-Zip: KISSIMMEE, FL 34756

Title: TREA (X) Change () Addition
Name: HARRISON, GIRVIN
Address: 11742 SIR WINSTON WAY
City-St-Zip: ORL, FL 32824

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: ROMANDA MAX

ADM

10/13/2009

Electronic Signature of Signing Officer or Director

Date