2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000208

2520 SAN JACINTO CIRCLE

SANFORD, FL 32771

Address:

City-St-Zip:

FILED Mar 31, 2009 Secretary of State

Entity Name: NEW LIFE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5317 CURRY FORD APT P206 ORLANDO, FL 32812 **Current Mailing Address: New Mailing Address:** 5317 CURRY FORD APT P206 PO BOX 951219 ORLANDO, FL 32812 ORLANDO, FL 32795 FEI Number: 32-0214895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TORRES, ISABEL 5317 CUŔRY FORD APT P206 ORLANDO, FL 32812 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TORRES, ISABEL Name: Name: Address: 5317 CURRY FORD APT P206 Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip: Title: () Delete Title: () Change () Addition HAMMOND, EVON Name: Name: Address: 3137 FLORAL WAY EAST Address: City-St-Zip: APOPKA, FL 32703 City-St-Zip: Title: () Delete Title: () Change () Addition NIEVES, ANGEL Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ISABEL TORRES D 03/31/2009