

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000208

FILED  
Apr 14, 2012  
Secretary of State

**Entity Name:** NEW LIFE FOUNDATION, INC.

**Current Principal Place of Business:**

3104 BRYAN RD.  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

2821 TIMBERWAY PLACE  
BRANDON, FL 33511

**New Mailing Address:**

P.O. BOX 162632  
ALTAMONTE SPRINGS, FL 32716

**FEI Number:** 32-0214895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TORRES, ISABEL  
6040 BENT PINE DRIVE  
3211  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

TORRES, ISABEL  
623 DORY LANE APT. 108  
ALTAMONTE SPRINGS, FL 32714 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:** ISABEL M TORRES

04/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** TORRES, ISABEL  
**Address:** 623 DORY LANE APT. 108  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** D  
**Name:** HAMMOND, EVON  
**Address:** 3137 FLORAL WAY EAST  
**City-St-Zip:** APOPKA, FL 32703

**Title:** D  
**Name:** NIEVES, ANGEL  
**Address:** 27 GOLF TERRACE DRIVE APT. 309  
**City-St-Zip:** WINTER SPRINGS, FL 32708

I hereby 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 all other like empowered.

**SIGNATURE:** ISABEL M TORRES

CEO

04/14/2012

Electronic Signature of Signing Officer or Director

Date