

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007453

FILED
Apr 27, 2009
Secretary of State

Entity Name: NEW LIFE MINISTRIES OF TAMPA, INC.

Current Principal Place of Business:

12615 FRANKLIN RD. WEST
THONOTOSASSA, FL 33592

New Principal Place of Business:

10852 LAKE SAINT CHARLES BLVD.
RIVERVIEW, FL 33578

Current Mailing Address:

P. O. BOX 82923
TAMPA, FL 33682

New Mailing Address:

FEI Number: 30-0493895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAMBERTON, JAMES
12615 FRANKLIN RD. WEST
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

LAMBERTON, JAMES
10852 LAKE SAINT CHARLES BLVD.
RIVERVIEW, FL 33578 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: _____

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMBERTON, JAMES
Address: 12615 FRANKLIN RD. WEST
City-St-Zip: THONOTOSASSA, FL 33592

Title: VD () Delete
Name: HINTON, DAVID
Address: 17722 MORNINGHIGH DR.
City-St-Zip: LUTZ, FL 33549

Title: STD () Delete
Name: BRANTLEY, BRANDY L
Address: 4905 WEST MCELROY AVE.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAMBERTON, JAMES
Address: 10852 LAKE SAINT CHARLES BLVD.
City-St-Zip: RIVERVIEW, FL 3357

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: JAMES LAMBERTON

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date