

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08161

FILED
Apr 09, 2010
Secretary of State

Entity Name: NEW LIFE FELLOWSHIP OF DADE CITY, FLORIDA INC.

Current Principal Place of Business:

14312 17TH STREET
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

14312 17TH STREET
DADE CITY, FL 33523 US

New Mailing Address:

FEI Number: 59-2353941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, RAY
14312 17TH STREET
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

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: D
Name: SIMMONS, DEBORAH TRUSTEE
Address: 34751 ORANGE BELT DR.
City-St-Zip: DADE CITY, FL 33526

Title: T
Name: WILLIAMS, TINA M TREAS
Address: 37405 DESROSIER RD
City-St-Zip: DADE CITY, FL 33523

Title: S/D
Name: ADAMS, LINDA TRUSTEE
Address: 37248 CARTER AVE
City-St-Zip: DADE CITY, FL 33523

Title: C
Name: SIMMONS, BOBBY R CHAIRMA
Address: 34751 ORANGE BELT DR.
City-St-Zip: DADE CITY, FL 33523

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: BOBBY RAY SIMMONS

C

04/09/2010

Electronic Signature of Signing Officer or Director

Date