2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002921

FILED Jan 06, 2012 Secretary of State

Entity Name: NEW LIFE CENTERS FOR CHANGE, INC.

Current Principal Place of Business: New Principal Place of Business:

1985 SE GENA RD 1985 SE GENA RD PORT ST LUCIE, FL 34952 1985 SE GENA RD.

PORT ST LUCIE, FL 34952 UN

Current Mailing Address: New Mailing Address:

 1985 SE GENA RD
 1985 SE GENA RD

 PORT ST LUCIE, FL 34952
 1985 SE GENA RD

PORT ST LUCIE, FL 34952 UN

FEI Number: 26-4357347 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:

CAIRNS, MICHELE 1985 SE GENA RD

PORT ST LUCIE, FL 34952 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: CAIRNS, MICHELE L MS. Address: 1985 SE GENA RD.

City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: V.P

Name: EDWARDS, TOM A DR. Address: 1985 SE GENA RD.

City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: SEC.

Name: MESMER, PATRICIA MRS. Address: 5663 SE MITZI LN. City-St-Zip: STUART, FL 34997 US

Title: TREA

Name: WEISGERBER, CASEY MR. Address: 2955 MIDDLE RD.

City-St-Zip: FT. PIERCE, FL 34947 US

Title: B.M.

Name: PITTS, HAROLD MR. Address: 1985 SE GENA RD.

City-St-Zip: PORT ST. LUCIE, FL 34952 US

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: MICHELE L. CAIRNS PRES 01/06/2012