2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N15883

Entity Name: NEW LIFE BIBLE LEARNING CENTER OF CLEWISTON, INC.

Current Principal Place of Business:

1220 MISSISSIPI AVE.
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1508
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 65-0081807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLES, LILLIE E.
1203 DELLA TOBIAS STREET
CLEWISTON, FL 33440 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: PD ( ) Delete
Name: POLES, LILLIE E.,
Address: 1203 DELLA TOBIAS ST
City-St-Zip: CLEWISTON, FL

Title: VD ( ) Delete
Name: FORD, MAZIE,
Address: 947 CANAL AVE
City-St-Zip: MOOREHAVEN, FL

Title: VD ( ) Delete
Name: WILSON, MOSES,
Address: 1228 MISSISSIPPI AVE
City-St-Zip: CLEWISTON, FL

Title: SD ( ) Delete
Name: GREEN, SANDRA
Address: 1230 VIRGINIA AVENUE
City-St-Zip: CLEWISTON, FL

Title: TD ( ) Delete
Name: MERRIWEATHER, GLORIA,
Address: 1012 DELLA TOBIAS
City-St-Zip: CLEWISTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POLES, LILLIE E.,
Address: 1203 DELLA TOBIAS ST
City-St-Zip: CLEWISTON, FL 33440 US

Title: VD (X) Change ( ) Addition
Name: FORD, MAZIE,
Address: 947 CANAL AVE
City-St-Zip: MOOREHAVEN, FL 33471 US

Title: VD (X) Change ( ) Addition
Name: WILSON, MOSES,
Address: 1228 MISSISSIPPI AVE
City-St-Zip: CLEWISTON, FL 33440 US

Title: SD (X) Change ( ) Addition
Name: GREEN, SANDRA
Address: 1230 VIRGINIA AVENUE
City-St-Zip: CLEWISTON, FL 33440 US

Title: TD (X) Change ( ) Addition
Name: MERRIWEATHER, GLORIA,
Address: 1012 DELLA TOBIAS
City-St-Zip: CLEWISTON, FL 33440 US

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: LILLIE E. POLES P/D 01/22/2009

Electronic Signature of Signing Officer or Director — Date