


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N15892 1. Entity Name: NEW LIFE FELLOWSHIP, INC.					
Principal Place of Business 695 5TH STREET CHIPLEY FL 32428			Mailing Address P.O. BOX 742 CHIPLEY FL 32428		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3580684	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOCKE, EULISS 1758 WES NELSON ROAD CHIPLEY FL 32428				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Euliss G. Locke</i></u> 1-22-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	COLLINS, JOE		NAME		
STREET ADDRESS	1529 DUNCAN COMMUNITY RD		STREET ADDRESS		
CITY - ST - ZIP	CHIPLEY FL 32428		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HARDEN, HC		NAME		
STREET ADDRESS	351 ALFORD RD		STREET ADDRESS		
CITY - ST - ZIP	COTTONDALE FL 32431		CITY - ST - ZIP		
TITLE	TS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	GLUCK, PAMELA		NAME		
STREET ADDRESS	1422 STATE PARK ROAD		STREET ADDRESS		
CITY - ST - ZIP	CHIPLEY FL 32428		CITY - ST - ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HOWELL, J CLINTON		NAME		
STREET ADDRESS	659 2ND STREET		STREET ADDRESS		
CITY - ST - ZIP	CHIPLEY FL 32428		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	GUETTLER, BILLY		NAME		
STREET ADDRESS	504B HWY 90		STREET ADDRESS		
CITY - ST - ZIP	CHIPLEY FL 32428		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Euliss G. Locke</i></u> 1-22-06					



1st MOORE CR2E037 (10/05)

\$8.75 Additional Fee Required

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02/06/06-80018-021 61.25