

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15892

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: NEW LIFE FELLOWSHIP, INC.

**Current Principal Place of Business:**

695 5TH STREET  
CHIPLEY, FL 32428

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 742  
CHIPLEY, FL 32428

**New Mailing Address:**

FEI Number: 59-3580689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOCKE, EULISS  
1758 WES NELSON ROAD  
CHIPLEY, FL 32428 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 ( ) Delete  
Name: PARISH, L.C  
Address: 1241 WOODROW AVENUE  
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete  
Name: HARDEN, HC  
Address: 351 ALFORD RD  
City-St-Zip: COTTONDALE, FL 32431

Title: TS ( ) Delete  
Name: GLUCK, PAMELA  
Address: 1422 STATE PARK ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: P ( ) Delete  
Name: SPENCER, VINCENT  
Address: 601 PEAR STREET  
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete  
Name: GUETTLER, BILLY  
Address: 1559 DUNCAN COMMUNITY RD  
City-St-Zip: CHIPLEY, FL 32428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TS (X) Change ( ) Addition  
Name: GUETTLER, DONNA  
Address: 1559 DUNCAN COMMUNITY ROAD  
City-St-Zip: CHIPLEY, FL 32428

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: DONNA GUETTLER

TS

04/15/2009

Electronic Signature of Signing Officer or Director

Date