2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-16-2007 90026 024 ****70.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20007153

01222007 Chg-NP CR2E037 (12/06)

DOCUMENT # N31814

1. Entity Name
NEW LIFE SPIRITUAL CENTRE, INC.

Principal Place of Business	Mailing Address
750 N. THORNTON AVE. SUITE U ORLANDO, FL 32803 US	PO BOX 941121 MAITLAND, FL 32794-1121

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0124906
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMBERT, LILLIAN REV 2892 CANYON DR ORLANDO, FL 32822	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: Rev Lillian Lambert
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	HP LAMBERT, LILLIAN 2892 CANYON DR ORLANDO, FL 32822	☐ Delete	BOARD MEMBER Marilde Pecheco 6143 Westgate Dr. Apt.323 Orlando, FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM RODOIS, TRISH 534 COUNTRY CLUB DR WINTER PARK, FL 32789	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS VEGA, RUBY L 118 W. TAHOE ST APOPKA, FL 32712	☐ Delete	BOARD MEMBER Sharon Seegobin 1505 Tanglewood CT Ocoee, FL 34761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SANABRIA, IRMA I 9922 DEAN COVE LANE ORLANDO, FL 32825	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM HOLLIN, DENNIS 5505 HERNANDES DR., SPT. 217 PINE HILLS, FL 320808	☐ Delete	BOARD MEMBER Anne Fitch 1214 Elinore Dr. Orlando, FL 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM BRIDGES, DEBBIE REV P.O. BOX 520787 LONGWOOD, FL 32752	☒ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rev Lillian Lambert 3-12-07 407-716-3002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #