2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N31814

1. Entity Name
NEW LIFE SPIRITUAL CENTRE, INC.

FILED
08 DEC 18 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12112008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 2892 Canyon Dr.	Suite, Apt. #, etc. P.O. Box 941121
City & State Orlando, Fla.	City & State Maitland, Fla.
Zip 32822 Country USA	Zip 32751 Country USA

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 X _____ X _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rev/HP/President Lillian Lambert 2892 Canyon Dr. Orlando, Fla. 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM PEELE, MARILDA 633 SABAL LAKE DR APT 207 LONGWOOD, FL 32779	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM Carmen Gavilanes 1684 Elmstead Pct. Orlando, Fla. 32824	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS CAMPBELL, SYLVIA 187 PAINTED POST PT SANFORD, FL 32771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~RS~~ Rev. Secretary/Asst. Pastor/Vice President Sylvia Campbell 187 Painted Post Pt. Sanford, Fla. 32771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SANABRIA, IRMA I 9922 DEAN COVE LANE ORLANDO, FL 32825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM Sally Barnard 503 Water St. Celebration, Fla. 34747	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM HOLLIN, DENNIS 5505 HERNANDES DR., SPT. 217 PINE HILLS, FL 320808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400139137654 12/18/08--01036--006 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM SEEGOBIN, SHARON 1505 TANGLEWOOD CT. OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rev/Treasurer/Jr. Asst. Pastor/Jr. Vice President Sharon Seegobin 1505 Tanglewood Ct. Ocoee, Fla. 34761	☒ 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: X Rev. Lillian Lambert 12/14/08 407-207-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #