

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34057**

1. Entity Name  
**NEW LIFE CHRISTIAN FELLOWSHIP, MINISTRIES OF  
THE WORLD, INC.**



Principal Place of Business  
**% JOHN CRENSHAW  
1508 W LARUA ST  
PENSACOLA, FL 32501 US**

Mailing Address  
**% JOHN CRENSHAW  
1508 W LARUA ST  
PENSACOLA, FL 32501 US**



01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3004254**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CRENSHAW, JOHN  
3001 HIGH POINTE PL  
PENSACOLA, FL 32505**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1000000201093  
01/28/05-80055-002 70.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CRENSHAW, JOHN  
3001 HIGH POINTE PL  
PENSACOLA, FL 32505**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VDT  
CRENSHAW, JANICE  
3001 HIGH POINTE PL  
PENSACOLA, FL 32505**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
LEWIS, JEANICE  
3665 E JOHNSON AVE  
PENSACOLA, FL 32514**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DUDLEY, BARBARA  
533-D PETROS CIRCLE  
PENSACOLA, FL 32505**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ADAMS, TYRONE  
2771 CORAL DR  
FORT WALTON BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 (850) 435-4874  
Daytime Phone