


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>N37436</b> 1. Entity Name <b>NEW LIFE MINISTRIES OF CRAWFORDVILLE FL., INC.</b>		
Principal Place of Business <b>322 SHADEVILLE RD CRAWFORDVILLE, FL 32327</b>		

Mailing Address <b>P.O. BOX 790 CRAWFORDVILLE, FL 32326</b>	
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number <b>59-3014861</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b>	

6. Name and Address of Current Registered Agent	
<b>JOHNSON, PAULA L 157 LAWHON MILL RD CRAWFORDVILLE, FL 32327</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN	NAME	
STREET ADDRESS	157 LAWHON MILL RD	STREET ADDRESS	<b>600107467438</b>
CITY-ST-ZIP	CRAWFORDVILLE, FL	CITY-ST-ZIP	<b>08/07/07--01058--025 **61.25</b>
TITLE	TV	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PAULA	NAME	
STREET ADDRESS	157 LAWHON MILL RD	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	
TITLE	TTS	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELTON, BEVERLY	NAME	<b>Skelton, Beverly</b>
STREET ADDRESS	237 MULBERRY CIRCLE	STREET ADDRESS	<b>237 Mulberry Circle</b>
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	<b>Crawfordville, FL 32307</b>
TITLE	T	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Diane Curlee</b>
STREET ADDRESS		STREET ADDRESS	<b>8 San Marcos Dr.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Crawfordville, FL 32327</b>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Paula L Johnson **8-2-07** **850-926-6365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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