

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37436

FILED
May 05, 2008
Secretary of State

Entity Name: NEW LIFE MINISTRIES OF CRAWFORDVILLE FL., INC.

Current Principal Place of Business:

322 SHADEVILLE RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 790
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-3014861 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, PAULA L
157 LAWHON MILL RD
CRAWFORDVILLE, FL 32327 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: TP () Delete
Name: JOHNSON, JOHN,
Address: 157 LAWHON MILL RD
City-St-Zip: CRAWFORDVILLE, FL

Title: TV () Delete
Name: JOHNSON, PAULA
Address: 157 LAWHON MILL RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: SKELTON, BEVERLY
Address: 237 MULBERRY CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: CURLEE, DIANE
Address: 8 SAN MARCOS DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PAULA L. JOHNSON

VP

05/05/2008

Electronic Signature of Signing Officer or Director

Date