2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37759

FILED Jul 10, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	of Business:	
28330 BEF	FE FAMILY WORSHIP RMONT RD DRDA, FL 33982			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
28330 BEF	FE FAMILY WORSHIP RMONT RD ORDA, FL 33982 US	% NEW LIFE FAMILY 1 28330 BERMONT RD PUNTA GORDA, FL 3		
	: 65-0191392 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not r	FEI Number Not Applicable ()	Certificate of Status Desired ()	
	Address of Current Registered Agent:	<u>-</u>	f New Registered Agent:	
18521 EBE PORT CHA	ARLOTTE, FL 33948 US		J office and a single state of the state of	
	named entity submits this statement for the pure of Florida.	rpose of changing its registered	office or registered agent, or both,	
SIGNATUF	DE.			
	≺ ⊏ :			
	Electronic Signature of Registered Agen	t	Date	
OFFICERS			Date S TO OFFICERS AND DIRECTORS:	
OFFICER: Title: Name: Address: City-St-Zip:	Electronic Signature of Registered Agen			
Title: Name: Address:	Electronic Signature of Registered Agents AND DIRECTORS: PD () Delete RAIMONDO, ROBERT J, 18521 EBB AVE	ADDITIONS/CHANGE Title: Name: Address:	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registered Agents S AND DIRECTORS: PD () Delete RAIMONDO, ROBERT J, 18521 EBB AVE PORT CHARLOTTE, FL 33948 US VD () Delete RAIMONDO, CHAMLOT, 18521 EBB AVE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:	

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: ROBERT J. RAIMONDO PD 07/10/2008