2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N44259

Entity Name: CHRISTIAN NEW LIFE MINISTRY, INC.

Current Principal Place of Business:

6226 WESTON LANE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

5656 GARDEN GROVE CIRCLE
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3072815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRINGTON, VIVIAN
5656 GARDEN GROVE CIRCLE
WINTER PARK, FL 32792 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:	PC	( ) Delete
Name:	CARRINGTON, VIVIAN DR	
Address:	5656 GARDEN GROVE CIRCLE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	SD	( ) Delete
Name:	WILLIAMS, SHERRON	
Address:	2743 WESTON LANE	
City-St-Zip:	ORLANDO, FL 32810	
Title:	T	( ) Delete
Name:	CARRINGTON, LONNIE	
Address:	5656 GARDEN GROVE CIRCLE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	M	( ) Delete
Name:	HARVEY, JANNIE 5	
Address:	INDIAN HILL ROAD, #320	
City-St-Zip:	ORLANDO, FL 32808	
Title:	VPT	( ) Delete
Name:	JOHNSON, FANNIE	
Address:	6226 WESTON LANE	
City-St-Zip:	ORLANDO, FL 32810	

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:	
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: DR. VIVIAN CARRINGTON PAST 03/20/2009

Electronic Signature of Signing Officer or Director — Date