

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 028 ****61.25

DOCUMENT # N45340

1. Entity Name
NEW LIFE CHRISTIAN FELLOWSHIP OF LAKE CITY, INC.



Principal Place of Business
**422 SW BAYA DRIVE
LAKE CITY, FL 32025 US**

Mailing Address
**422 SW BAYA DRIVE
LAKE CITY, FL 32025 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3174120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MELOY, JAMES M JR.
798 NW HARRIS LAKE DRIVE
LAKE CITY, FL 32055**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MELOY, JAMES M JR.
STREET ADDRESS 798 NW HARRIS LAKE DR
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE DT ☐ Delete
NAME ZINK, PAUL D
STREET ADDRESS 9424 CONIFER RD
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VD ☐ Delete
NAME ZINK, JAMES A
STREET ADDRESS 12658 MISTY MOUNTAIN DR. E.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE STD ☒ Delete
NAME KALB, CHARLES H
STREET ADDRESS 215 NE KALB CT
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 205 N. WIND CT
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]

JAMES 'BUDDY' MELOY JR

4/15/08

(386) 758-8397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #