## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48990

FILED Apr 18, 2009 Secretary of State

Entity Name: NEW LIFE HOLINESS CHURCH, APOSTOLIC FAITH INCORPORATED

Current Principal Place of Business:			New Principal Place of Business:			
5208 81 ST TAMPA, FL		US				
Current Mailing Address:			New Mailing Address:			
5208 81 ST TAMPA, FL		US				
FEI Number:		FEI Number Applied For ( )	FEI Nur	nber Not Appl	icable (X)	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
KING, LEWIS 5208 81ST STREET TAMPA, FL 33619 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
in the State		y submits this statement for the	purpose c	or changing i	is registere	ed office or registered agent, or both,
SIGNATUR	E:					
	Electr	onic Signature of Registered Ag	gent			Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DCP KING, LEWI 5208 81 ST TAMPA, FL			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D MILTON, JAI 8604 CROTO TAMPA, FL	ON AVENUE		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D KING, RACH 5014 E 30TH TAMPA, FL	HAVE		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D KING, FANN 5208 81ST TAMPA, FL			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D WHITEHEAD 1803 MONE TAMPA, FL	T DR		Title: Name: Address: City-St-Zip:		(X) Change()Addition GOLD S DR COMMONS PLACE , FL 33511 HI

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: LEWIS C. KING DCP 04/18/2009