2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N50943

Entity Name: NEW LIFE CHURCH GROWTH MINISTRIES, INC.

Current Principal Place of Business:

966 LUNA LN
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

966 LUNA LN
THE VILLAGES, FL 32159 US

New Mailing Address:

FEI Number: 59-3151124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMS, JAMES E SR
966 LUNA LN
THE VILLAGES, FL 32159 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:	DT	( ) Delete
Name:	BISCHOFF, JAMES REV.	
Address:	3204 HAVER LANE	
City-St-Zip:	HOLIDAY, FL 346912607	
Title:	DT	( ) Delete
Name:	BISCHOFF, CAROL	
Address:	3204 HAVER LANE	
City-St-Zip:	HOLIDAY, FL 346912607	
Title:	DT	( ) Delete
Name:	CORBETT, CLAUDE REV.	
Address:	7088 PINE NEEDLE LANE	
City-St-Zip:	BROOKSVILLE, FL 346016850	
Title:	DT	( ) Delete
Name:	CORBETT, ZELLA	
Address:	7088 PINE NEEDLE LANE	
City-St-Zip:	BROOKSVILLE, FL 346016850	
Title:	DTS	( ) Delete
Name:	SIMS, ROSE	
Address:	966 LUNA LANE	
City-St-Zip:	THE VILLAGES, FL 32159	
Title:	P	( ) Delete
Name:	SIMS, JAMES E SR	
Address:	966 LUNA LANE	
City-St-Zip:	THE VILLAGES, FL 32159	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES E. SIMS, SR P 04/13/2007

Electronic Signature of Signing Officer or Director — Date