## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400000558

FILED May 01, 2009 Secretary of State

Entity Name: NEW LIFE TABERNACLE CHURCH OF GOD INC.

urrent P	rincipal Place	or Busiliess.	New Principal I	
	JUDGE DR D, FL 32808	US		
urrent N	lailing Addre	ss:	New Mailing Ad	ddress:
	JUDGE DR D, FL 32808	US		
accordan		FEI Number Applied For() 3(2)(b), F.S., the corporation did no Current Registered Agent:	· · · · · · · · · · · · · · · · · · ·	() Certificate of Status Desired ()
		Julient Registered Agent.	Name and Add	less of New Registered Agent.
	ER HILLS DR D, FL 32818	APT #3 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its reg	istered office or registered agent, or both,
GNATUI	RE:			
GNATUI		nic Signature of Registered Age	ent	Date
				Date  ANGES TO OFFICERS AND DIRECTOR
GNATUI  FFICER  le:  le:  dress:  dress:  y-St-Zip:	Electron S AND DIRECT TR ( LAMB, CARLO	TORS:  ) Delete TTA M  DR. BLDG 1444 APT 181		
FFICER: le: me: dress:	Electron S AND DIRECT TR ( LAMB, CARLO 1488 MERCY I ORLANDO, FL	TORS:  ) Delete ITA M DR. BLDG 1444 APT 181 32808  ) Delete IIE HILL LOOP	ADDITIONS/CH Title: Name: Address:	ANGES TO OFFICERS AND DIRECTOR
FFICER: de: me: dress: y-St-Zip: de: me: dress:	Electron  S AND DIRECT  TR ( LAMB, CARLO 1488 MERCY I ORLANDO, FL  UT ( DOZIER, MINN 7312 BEACON ORLANDO, FL  S ( WILLIAMS, AL	PTORS:  Delete TTA M DR. BLDG 1444 APT 181 32808  Delete IE HILL LOOP 32811  Delete MA HILLS DR. APT 7	ADDITIONS/CH  Title: Name: Address: City-St-Zip:  Title: Name: Address:	ANGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
e: me: dress: y-St-Zip: e: me: dress: y-St-Zip: e: me: dress: y-St-Zip:	TR ( LAMB, CARLO 1488 MERCY I ORLANDO, FL  UT ( DOZIER, MINN 7312 BEACON ORLANDO, FL  S ( WILLIAMS, AL 2669 SILVER I ORLANDO, FL  D ( FISHER, DAIS'	PTORS:  Delete TTA M DR. BLDG 1444 APT 181 32808  Delete IE HILL LOOP 32811  Delete MA HILLS DR. APT 7 32818  Delete Y ILLS DR. APT 3	ADDITIONS/CH  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition

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: DAISY FISHER D 05/01/2009