2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N96000000481

Entity Name: NEW LIFE TABERNACLE OF KEY WEST, FLORIDA, INC.

Current Principal Place of Business:

719 PRADO CIRCLE, BIG COPPITT
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2813
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0323276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, WILLIAM JR
25 HILTON HAVEN DR
KEY WEST, FL 33040 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:	PD	( ) Delete
Name:	ARNOLD, WILLIAM JR	
Address:	25 HILTON HAVEN DR	
City-St-Zip:	KEY WEST, FL 33040	
Title:	STD	( ) Delete
Name:	ARNOLD, ROSE V	
Address:	1601 WASHINGTON STREET REAR	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	CHARLES, ARNOLD W	
Address:	25 HILTON HAVEN DR.	
City-St-Zip:	KEY WEST, FL 33040	
Title:	D	( ) Delete
Name:	MENDOZA, FRANKLIN	
Address:	P.O. BOX 4267	
City-St-Zip:	KEY WEST, FL 33040	

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:	

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: WILLIAM ARNOLD STD 01/16/2009

Electronic Signature of Signing Officer or Director — Date