## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000006455

FILED Apr 08, 2008 Secretary of State

Entity Name: NEW LIFE EVANGELISTIC CENTER, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

2016 ANNISTON ROAD

JACKSONVILLE, FL 32246

S040 LONE STAR ROAD

JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

2016 ANNISTON ROAD

JACKSONVILLE, FL 32246

8040 LONE STAR ROAD

JACKSONVILLE, FL 32211

FEI Number: 59-3447540 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWIS, CHRISTOPHER J

2016 ANNISTON ROAD

JACKSONVILLE, FL 32246

US

MENEFEE, CARMEN D

8040 LONE STAR ROAD

JACKSONVILLE, FL 32211

US

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: CARMEN MENEFEE 04/08/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 RICHARDSON, ANTONIO C
 Name:
 RICHARDSON, ANTONIO C

 Address:
 2016 ANNISTON RD
 Address:
 8040 LONE STAR ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:
 JACKSONVILLE, FL 32211

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: LEWIS, CHRISTOPHER Name: ALVAREZ, CARLOS

Address: 2016 ANNISTON RD Address: 8040 LONE STAR ROAD City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32211

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 RICHARDSON, CYNTHIA M
 Name:
 GRAHAM, SHARON

 Address:
 2016 ANNISTON RD
 Address:
 8040 LONE STAR ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:
 JACKSONVILLE, FL 32211

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: ANTONIO C. RICHARDSON DP 04/08/2008