

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# N97000002599

Entity Name: NEW LIFE CHRISTIAN FELLOWSHIP INTERNATIONAL OF JACKSONVILLE, INC.

Current Principal Place of Business:

2701 HODGES BLVD.
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

2701 HODGES BLVD.
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3446246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER ST., STE. 1800
JACKSONVILLE, FL 32202 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: DP () Delete
Name: ZINK, PAUL D
Address: 205 N WIND CT
City-St-Zip: PONTE VERDE BCH, FL 32082

Title: VDS () Delete
Name: ZINK, SHARON
Address: 205 N WIND CT
City-St-Zip: PONTE VERDE BCH, FL 32082

Title: D () Delete
Name: ERICKSON, DIANE
Address: 13974 APULINE RD
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: DAVIS, WILLIAM JR
Address: 798 NW HARRIS LAKE DR
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: STEWART, JAY
Address: PO BOX 5064
City-St-Zip: CONCORD, NC 28027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ERICKSON, DUANE
Address: 13974 AQUILINE RD
City-St-Zip: JACKSONVILLE, FL 32224

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

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

Title: VDT () Change (X) Addition
Name: ZINK, JAMES C
Address: 1817 SPICEBERRY CIRCLE E.
City-St-Zip: JACKSONVILLE, FL 32246

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: DHENNIE A. WALLACE

Electronic Signature of Signing Officer or Director

MNGR

03/26/2008

Date