

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003561

FILED
Jul 28, 2007
Secretary of State

Entity Name: NEW LIFE TEMPLE FELLOWSHIP, INC.

Current Principal Place of Business:

161 W LOUIS BROER RD
E PALATKA, FL 32131

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1138
E PALATKA, FL 32131 US

New Mailing Address:

FEI Number: 59-3499882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, MARK
151 POWER LINE ROAD
E PALATKA, FL 32131 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: PT () Delete
Name: JONES, MARK PT
Address: 151 POWER LINE ROAD
City-St-Zip: E. PALATKA, FL 32131

Title: TT () Delete
Name: BELLAMY, RONALD
Address: 1207 NAPOLEON ST
City-St-Zip: PALATKA, FL 32177

Title: VT () Delete
Name: JONES, CAROL
Address: 151 POWER LINE ROAD
City-St-Zip: E. PALATKA, FL 32131

Title: T () Delete
Name: JONES, SIMON
Address: 503 N 22 ST, APT C181
City-St-Zip: PALATKA, FL 32177

Title: T () Delete
Name: HAGANS, MINNIE
Address: P O BOX 662 N/A
City-St-Zip: E PALATKA, FL 32131

Title: T () Delete
Name: SHARON, SPELL A T
Address: 410 BEECH STREET
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TT (X) Change () Addition
Name: BELLAMY, RONALD JR.
Address: 4509 MADISON STREET
City-St-Zip: PALATKA, FL 32177

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

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

Title: T (X) Change () Addition
Name: HAGANS, MINNIE
Address: P O BOX 662
City-St-Zip: E PALATKA, FL 32131

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: SHARON A. SPELL

T

07/28/2007

Electronic Signature of Signing Officer or Director

Date