

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003561

FILED  
Aug 29, 2008  
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 JR.  
Address: 4509 MADISON STREET  
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  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: T (X) Change ( ) Addition  
Name: JONES, SIMON  
Address: 109 CHERRY STR.  
City-St-Zip: PALATKA, FL 32177

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: MARK JONES

P/T

08/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date