

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N9700006287**  
 1. Entity Name  
**NEW LIFE EVANGELISTIC FELLOWSHIP, INC.**



FILED  
 05 NOV 29 AM 10:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 1009 OLD DIXIE HWY  
 RIVIERA BEACH, FL 33404

Mailing Address  
 1125 CHORUS WAY  
 ROYAL PALM BEACH, FL 33411

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 1009 OLD DIXIE HWY  
 Suite, Apt. #, etc.

City & State  
 RIVIERA BEACH FL

Zip Country  
 33407 USA

11232005 REIN-NP CR2E099 (6/04)

4. FEI Number  
 31-1633591

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
 WATFORD, ROBERT  
 1125 CHORUS WAY  
 ROYAL PALM BEACH, FL 33411

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name **ROBERT WATFORD**  
 Street Address (P.O. Box Number is Not Acceptable)  
 4759 N. AUSTRALIAN AVE BLDG 10/101  
 WEST PALM BEACH  
 City **FL** Zip Code **33407**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert Watford **Robert Watford** 11/23/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (DATE)

**FILE NOW!!! FEE IS \$61.25**  
 After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATFORD, ROBERT 1125 CHORUS WAY ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Johnny WATFORD 1506 SO. K' ST LAKE WORTH, FL 33460 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATFORD, MARY C 1125 CHORUS WAY ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500061763205 11/23/05--01070--010 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, JONATHAN 7743 BISHOPWOOD RD LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HORNE, SHEILA 626 NORTH L STREET LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, PATRICIA 7743 BISHOPWOOD RD LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Watford **Robert Watford** 11/23/05 561-577-9189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #