


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N97000006287</b> 1. Entity Name <b>NEW LIFE EVANGELISTIC FELLOWSHIP, INC.</b>				<b>FILED</b> <b>05 NOV 29 AM 10:55</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1009 OLD DIXIE HWY RIVIERA BEACH, FL 33404</b>		Mailing Address <b>1125 CHORUS WAY ROYAL PALM BEACH, FL 33411</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>1009 OLD DIXIE HWY</b> Suite, Apt. #, etc. <b>RIVIERA BEACH FL</b> Zip      Country <b>33407      USA</b>		11232005    REIN-NP      CR2E099 (6/04)	
4. FEI Number <b>31-1633591</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>WATFORD, ROBERT 1125 CHORUS WAY ROYAL PALM BEACH, FL 33411</b>			7. Name and Address of New Registered Agent Name <b>Robert Watford</b> Street Address (P.O. Box Number is Not Acceptable) <b>4759 N. AUSTRALIAN AVE BLDG 10/101</b> <b>WEST PALM BEACH</b> City <b>FL</b> Zip Code <b>33407</b>		
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 <u><i>Robert Watford</i></u> <b>Robert Watford</b> 11/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> (DATE)					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Johnny WATFORD</b> <b>1506 SO. K' ST</b> <b>LAKE WORTH, FL 33460</b>		
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 11/29/05--01070--010    **70.00		
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)(i), 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: <u><i>Robert Watford</i></u> <b>Robert Watford</b> 11/23/05    561-577-9189 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					