2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Robert Watford

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIREC

SIGNATURE:

May 31, 2006 8:00 am Secretary of State DOCUMENT # N97000006287 05-31-2006 90008 001 ****70.00 NEW LIFE EVANGELISTIC FELLOWSHIP, INC. Principal Place of Business Mailing Address 1009 OLD DIXIE HWY 1009 OLD DIXIE HWY 50020000 RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 Chg-NP CR2E037 (11/05) Applied For City & State City & State FEI Numbe 31-1633591 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATFORD, ROBERT Street Address (P.O. Box Number is Not Acceptable) 4759 N AUSTRALIAN AVE BLDG 10/101 WEST PALM BEACH, FL 33407 City Zip Code 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 Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE TITLE WATFORD ROBERT #101 4759 N.AUSTRAHAN AVE 101 WEST PALM BOK FL 33407 WATFORD, ROBERT NAME NAME STREET ADDRESS 1125 CHORUS WAY STREET ADDRESS ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Ch ☐ Addition TITLE WATFORD MAYYC 4759 N. AUSTRAWAN AVE #101 WEST PALM BCH FL 33407 WATFORD, MARY C NAME NAME STREET ADDRESS 1125 CHORUS WAY -STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME WATFORD, JOHNNY WATFORD JOHANY 1509 RAILROAD AVE NAME STREET ADDRESS 1506 SO. 'K' ST STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP LAKE WORTH, FL 33460 ATD ☐ Defete TITLE TITLE ☐ Change ■ Addition NAME HORNE, SHEILA MARIE STREET ADDRESS 626 NORTH L STREET STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

FILED