

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006287

FILED
Apr 30, 2007
Secretary of State

Entity Name: NEW LIFE EVANGELISTIC FELLOWSHIP, INC.

Current Principal Place of Business:

1009 OLD DIXIE HWY
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

1009 OLD DIXIE HWY
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 31-1633591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATFORD, ROBERT
4759 N AUSTRALIAN AVE
BLDG 10/101
WEST PALM BEACH, FL 33407 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: P () Delete
Name: WATFORD, ROBERT
Address: 4759 NORTH AUSTRALIAN AVE SUITE 101
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPD () Delete
Name: WATFORD, MARY C
Address: 4759 NORTH AUSTRALIAN AVE SUITE 101
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD () Delete
Name: WATFORD, JOHNNY
Address: 1509 RAILROAD AVE
City-St-Zip: LAKE WORTH, FL 33460

Title: ATD () Delete
Name: HORNE, SHEILA
Address: 626 NORTH L STREET
City-St-Zip: LAKE WORTH, FL 33460

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: () 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: ROBERT WATFORD

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date