2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# N98000001839

Entity Name: NEW LIFE COMMUNITY CHURCH OF WEST VOLUSIA, INC.

Current Principal Place of Business:

1330 TAYLOR ROAD
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

1554 ROCKWELL HGTS DR
DELAND, FL 32724

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSLIN, JOHN J JR.
1554 ROCKWELL HEIGHTS DR
DELAND, FL 32724 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:	CP	( ) Delete
Name:	JOSLIN, JOHN	
Address:	1554 ROCKWELL HGTS DR.	
City-St-Zip:	DELAND, FL 32724	
Title:	ST	( ) Delete
Name:	JOSLIN, PATRICIA	
Address:	1554 ROCKWELL HGTS DR	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	KING, MALCOLM	
Address:	1554 ROCKWELL HGTS DR	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	TAYLOR, ROBERT	
Address:	1554 ROCKWELL HTS DR	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	TAYLOR, BRENDA	
Address:	1554 ROCKWELL HTS DR	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	FOSTER, KATHYLEEN	
Address:	1554 ROCKWELL HTS DR	
City-St-Zip:	DELAND, FL 32724	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	ALLEN, KATHYLEEN	
Address:	1554 ROCKWELL HTS DR	
City-St-Zip:	DELAND, FL 32724	

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: PATRICIA JOSLIN ST 03/31/2008

Electronic Signature of Signing Officer or Director — Date