

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003803

FILED
Jan 16, 2009
Secretary of State

Entity Name: NEW LIFE ASSEMBLY OF GOD OF VENICE, FLORIDA, INC.

Current Principal Place of Business:

2390 SEABOARD AVE
VENICE, FL 34293

New Principal Place of Business:

5800 TAMiami TRAIL SOUTH
VENICE, FL 34293

Current Mailing Address:

547 FLAMINGO ROAD
VENICE, FL 34293

New Mailing Address:

5800 TAMiami TRAIL SOUTH
VENICE, FL 34293

FEI Number: 65-0634171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURT, RANDOLPH E REV.
547 FLAMINGO ROAD
VENICE, FL 34293 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: S () Delete
Name: JARJISIAN, BOB
Address: 421 CABANA ROAD
City-St-Zip: VENICE, FL 34293

Title: T () Delete
Name: LAMON, JOHN
Address: 232 RIGEL ROAD
City-St-Zip: VENICE, FL 34293

Title: P () Delete
Name: BURT, RANDOLPH E REV.
Address: 547 FLAMINGO ROAD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: KERN, JEFF
Address: 2160 W. DOLPHIN DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: MIDDLETON, BILL
Address: 172 VALENCIA LAKES DRIVE
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: FRENCH, TROY
Address: 5942 REGENT ROAD
City-St-Zip: VENICE, FL 34293

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
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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: RANDOLPH EUGENE BURT

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date