

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004982

FILED
Feb 07, 2008
Secretary of State

Entity Name: NEW LIFE FAMILY WORSHIP CENTER CHURCH, INC.

Current Principal Place of Business:

3205 HWY 301 S.
RIVER VIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2442
VALRICO, FL 33595

New Mailing Address:

FEI Number: 59-3530897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33145 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: PULLIE, WILLIAM SR
Address: 2541 LAURELWOOD LANE
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: PULLIE, MELISSA
Address: 2541 LAURELWOOD LANE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: SANTOS, YOLANDO
Address: 2643 QUEEN ALBERTA DRIVE
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: SANTOS, JAMIE
Address: 2643 QUEEN ALBERTA DRIVE
City-St-Zip: VALRICO, FL 33594

Title: AS (X) Delete
Name: HODGES, DAVID
Address: 15011 PARKWOOD DR N
City-St-Zip: GULFPORT, MS 39503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PULLIE, WILLIAM JR.
Address: 2541 LAURELWOOD LANE
City-St-Zip: VALRICO, FL 33594

Title: T (X) Change () Addition
Name: HODGES, DAVID
Address: 15011 PARKWOOD DR. N.
City-St-Zip: GULFPORT, MS 39503

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: WILLIAM PULLIE, SR.

P

02/07/2008

Electronic Signature of Signing Officer or Director

Date