

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001058

**FILED**  
**Apr 29, 2004**  
**Secretary of State****Entity Name:** NEW LIFE CHRISTIAN CENTER OF ORLANDO, INC.**Current Principal Place of Business:**1320 N. SEMORAN BOULEVARD  
SUITE 108  
ORLANDO, FL 32807**New Principal Place of Business:****Current Mailing Address:**1320 N. SEMORAN BOULEVARD  
SUITE 108  
ORLANDO, FL 32807**New Mailing Address:****FEI Number:** 59-3595508**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GRACE, DAVID R  
6500 SOUTH HIGHWAY 17-92  
FERN PARK, FL 32730 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:** DV ( ) Delete  
**Name:** JONES, HENRY  
**Address:** 1320 N. SEMORAN BOULEVARD, SUITE 108  
**City-St-Zip:** ORLANDO, FL 32807**Title:** DT ( ) Delete  
**Name:** OTIENO, CHARLSIE  
**Address:** 1320 N. SEMORAN BOULEVARD, SUITE 108  
**City-St-Zip:** ORLANDO, FL 32807**Title:** D ( ) Delete  
**Name:** MARROW, TAMMY  
**Address:** 1320 N. SEMORAN BOULEVARD, SUITE 108  
**City-St-Zip:** ORLANDO, FL 32807**Title:** PD ( ) Delete  
**Name:** JONES, GLORIA  
**Address:** 1320 N. SEMORAN BOULEVARD, SUITE 108  
**City-St-Zip:** ORLANDO, FL 32807**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 for the exemption stated in Section 119.07(3)(i), 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: HENRY JONES

DV

04/29/2004

Electronic Signature of Signing Officer or Director

Date