## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N99000001760

City-St-Zip:

WEST PALM BEACH, FL 33417

FILED Oct 12, 2009 Secretary of State

Entity Name: NEW LIGHT FELLOWSHIP, INC. **Current Principal Place of Business: New Principal Place of Business:** 5829 CORPORATE WAY WEST PALM BEACH, FL 33407 **Current Mailing Address: New Mailing Address:** P.O. BOX 17866 WEST PALM BEACH, FL 33416 FEI Number: 65-0939896 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOTT, RICHARD 3800 WASHINGTON ROAD #407 WEST PALM BEACH, FL 33405 US 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: HOWARD BROWN Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SCOTT, RICHARD L Name: Name: Address: 3800 WASHINGTON ROAD Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: MARSHALL, JAMES Name: Address: 156 PRIVATE PLACE Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: Title: () Delete Title: () Change () Addition SCOTT, CASSANDRA Name: Name: 3800 WASHINGTON ROAD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BROWN, HOWARD Name: Address: 4521 DISCOVERY LANE #1 Address:

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.

City-St-Zip:

SIGNATURE: HOWARD BROWN T 10/12/2009