

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002132**

1. Entity Name  
**NEW LIFE MISSIONARY BAPTIST CHURCH OF  
CRESTVIEW, FLORIDA, INC.**



Principal Place of Business  
**285 DUGGAN AVE  
CRESTVIEW, FL 32536**

Mailing Address  
**PO BOX 1915  
CRESTVIEW, FL 32539**



02072007 No Chg-NP

CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3454203**

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HAYES, SANFORD H  
800 SANFORD PLACE  
CRESTVIEW, FL 32536**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sanford H. Hayes*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*02/07/07*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HAYES, SANFORD H  
STREET ADDRESS 800 SANFORD PLACE  
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE D  
NAME HOUSTON, EVELYN  
STREET ADDRESS 414 ASHLEY DRIVE  
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE VD  
NAME HILL, MELVIN SR  
STREET ADDRESS 411 JUNIPER DRIVE  
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE S  
NAME HAYES, TONSI AWEDA Y  
STREET ADDRESS 800 SANFORD PLACE  
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000636197  
02/26/07-80007-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Sanford H. Hayes*  
**Sanford H. Hayes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/07/07*

DATE

*850 689-5433*

DAYTIME PHONE #