

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90237 021 ****70.00

DOCUMENT # N99000003183

1. Entity Name
NEW LIFE CHURCH OF NAZARENE INC.



Principal Place of Business
**4513 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32330-5**

Mailing Address
**4513 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6543225

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, LEONARD
P O BOX 7559
TALLAHASSEE, FL 32314**

Name **REV. SUGRIM SINGH**

Street Address (P.O. Box Number is Not Acceptable)
2421 BEAUTYBERRY CT.

City **TALLAHASSEE**

FL

Zip Code
32308

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

[Signature] **Rev. SUGRIM SINGH, PASTOR**

4/14/07

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

(NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ADAMS, LEONARD**
STREET ADDRESS **P O BOX 7559**
CITY-ST-ZIP **TALLAHASSEE, FL 32314**

TITLE **T** ☐ Delete
NAME **BENNETT, STANLEY**
STREET ADDRESS **4509 CRAWFORDVILLE RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32310**

TITLE **T** ☒ Delete
NAME **GRICE, JONNY**
STREET ADDRESS **P.O. BOX 10232**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **SUGRIM SINGH**
STREET ADDRESS **2421 BEAUTYBERRY CT**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Change ☐ Addition
NAME **KAREN M. MILLER**
STREET ADDRESS **3615 W WASHINGTON**
CITY-ST-ZIP **MONTECELLO, FL 32344**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] **SUGRIM SINGH**

4/14/07

Date

Daytime Phone #

**656-1056
(850) 627 5445**