

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004683

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: NEW LIFE RESTORIUM, INC.

## Current Principal Place of Business:

1133 N BRUNNELL PKWY  
LAKELAND, FL 33805

## New Principal Place of Business:

## Current Mailing Address:

1133 N BRUNNELL PKWY  
LAKELAND, FL 33805

## New Mailing Address:

FEI Number: 59-3593318      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CASH, ROSE M  
1133 N BRUNNELL PKWY  
LAKELAND, FL 33805      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: CEOD ( ) Delete  
Name: CASH, ROSE M  
Address: 1011 BRISTOL LAKES RD #106  
City-St-Zip: MOUNT DORA, FL 32757

Title: EXC ( ) Delete  
Name: TAYLOR, ALBERT  
Address: 1133 N BRUNNELL PKWY  
City-St-Zip: LAKELAND, FL 33805

Title: ST ( ) Delete  
Name: WHITE, TISHA M  
Address: 1011 BRISTOL LAKES RD #106  
City-St-Zip: MOUNT DORA, FL 32757

Title: T ( ) Delete  
Name: MIDDLETON, THELMA L  
Address: 1011 BRISTOL LAKES RD #106  
City-St-Zip: MOUNT DORA, FL 32757

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition  
Name: CASH, ROSE M  
Address: 1133 N. BRUNNELL PKWY  
City-St-Zip: LAKELAND, FL 33805

Title: EXC (X) Change ( ) Addition  
Name: SANDERS, GERRY  
Address: 1117 SHADOW RUN DRIVE  
City-St-Zip: LAKELAND, FL 33815

Title: ST (X) Change ( ) Addition  
Name: DRUMMER, OTIS  
Address: 1133 N. BRUNNELL PKWY  
City-St-Zip: LAKELAND, FL 33805

Title: T (X) Change ( ) Addition  
Name: SANDERS, CHRISTINA D  
Address: 1133 N. BRUNNELL PKWY  
City-St-Zip: LAKELAND, FL 33805

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: GERRY SANDERS

EXC

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date