

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006021

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: NEW LIFE OUTREACH PROGRAMS, INC.

**Current Principal Place of Business:**

2016 ANNISTON ROAD  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

2016 ANNISTON ROAD  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 59-3609267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RICHARDSON, ANTONIO  
2016 ANNISTON ROAD  
JACKSONVILLE, FL 32246

**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: DP ( ) Delete  
Name: RICHARDSON, ANTONIO  
Address: 8467 PERKINS CT  
City-St-Zip: JACKSONVILLE, FL 32221

Title: DS ( ) Delete  
Name: LEWIS, CHRISTOPHER  
Address: 2836 W 6TH ST  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT ( ) Delete  
Name: GIBSON, ROB  
Address: 2016 ANNISTON ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: RICHARDSON, CYNTHIA  
Address: 2016 ANNISTON ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

**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: CHRISTOPHER J. LEWIS

DS

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date