2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# N99000006021

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 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: 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 01/12/2005

Electronic Signature of Signing Officer or Director — Date