

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000027607

FILED
Jan 26, 2008
Secretary of State

Entity Name: NEW LIFE CHRISTIAN COUNSELING CENTER, INC.

Current Principal Place of Business:

405 WAYMONT CT
STE111
LAKE MARY, FL 32746 US

New Principal Place of Business:

405 WAYMONT CT
STE 111
LAKE MARY, FL 32746 US

Current Mailing Address:

405 WAYMONT CT
STE111
LAKE MARY, FL 32746 US

New Mailing Address:

405 WAYMONT CT
STE 111
LAKE MARY, FL 32746 US

FEI Number: 59-3240347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, BRIAN M
405 WAYMONT CT
STE 111
LAKE MARY, FL 32746 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: CAMPBELL, CLAIRE
Address: 405 WAYMONT CT
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: CAMPBELL, BRIAN M.
Address: 405 WAYMONT CT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE CAMPBELL

DV

01/26/2008

Electronic Signature of Signing Officer or Director

Date