

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703165

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC1671863902**

**Entity Name:** NEW LIFE COMMUNITY CHURCH OF CMA INC.

**Current Principal Place of Business:**

8310 FOREST CITY RD  
ORLANDO, FL 32810

**Current Mailing Address:**

8310 FOREST CITY RD  
ORLANDO, FL 32810

**FEI Number:** 65-0198874

**Certificate of Status Desired:** No

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

HEFFIELD, RON  
2411 FAULKNER ROAD  
ORLANDO, FL 32810 US

*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

**Officer/Director Detail :**

Title D  
Name LOVSTRAND, JOHN  
Address 319 ROLFE DR  
City-State-Zip: APOPKA FL 32703

Title T  
Name CLARK, AL  
Address 124 PARK AVE.  
City-State-Zip: CASSELBERRY FL 32707

Title C  
Name HEFFIELD, RON  
Address 2411 FAULKNER ROAD  
City-State-Zip: ORLANDO FL 32810

Title S  
Name ROOKS, BILL  
Address 620 ROBINHOOD DR APT A  
City-State-Zip: MAITLAND FL 32751

Title D  
Name BLACK, ALAN  
Address 5527 SATEL DRIVE  
City-State-Zip: ORLANDO FL 32810

Title D  
Name CARDONA, FRANKLIN  
Address 3826 SHADY GROVE CIRCLE  
City-State-Zip: ORLANDO FL 32810

*I hereby 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 all other like empowered.*

**SIGNATURE:** AL CLARKL

**TREASURER**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date