

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

DOCUMENT# N10000001239

**Entity Name:** NEW LIFE IN CHRIST FELLOWSHIP, INC.**Current Principal Place of Business:**237 W. 15TH ST.  
SUITE C & D  
PANAMA CITY, FL 32401**Current Mailing Address:**P.O. BOX 35023  
PANAMA CITY,, FL 32412**FEI Number:** 27-1926471**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAINER, MATTIE PPD  
918 MASSALINA DRIVE  
PANAMA CITY, FL 32401 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	PD
Name	GAINER, MATTIE P
Address	918 MASSALINA DRIVE
City-State-Zip:	PANAMA CITY FL 32401

Title	VD
Name	GAINER, JOHNNIE LEE
Address	918 MASSALINA DRIVE
City-State-Zip:	PANAMA CITY FL 32401

Title	S
Name	NEALY, MELONIE L
Address	917 LOUISIANA AVE
City-State-Zip:	LYNN HAVEN FL 32444

Title	SD
Name	MURPHY, MARCIE
Address	6209 LANCE STREET
City-State-Zip:	PANAMA CITY FL 32404

Title	CLERK
Name	BROXTON, BRENDA
Address	P. O. BOX 1052
City-State-Zip:	PANAMA CITY FL 32402

Title	MINISTER
Name	ALLEN, LOUISE L. MEMBER
Address	3920 M ARBOR TRACE LANE
City-State-Zip:	LYNN HAVEN FL 32444

Title	DEACON
Name	ALLEN, WILLIE W. DEACON
Address	3920M ARBOR TRACE LANE
City-State-Zip:	LYNN HAVEN FL 32444

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:** MATTIE PEARL GAINER

PASTOR/PRESIDENT

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date