2016 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		Title	VD
Name	GAINER, MATTIE P		Name	GAINER, JOHNNIE LEE
Address	918 MASSALINA DRIVE		Address	918 MASSALINA DRIVE
City-State-Zip:	PANAMA CITY FL 32401		City-State-Zip:	PANAMA CITY FL 32401
Title	S		Title	SD
Name	NEALY, MELONIE L		Name	DANIELS, SHELLA
Address	809 KIRKLIN AVE		Address	1010 CENTER AVE APT.D
City-State-Zip:	PANAMA CITY FL 32401		City-State-Zip:	PANAMA CITY FL 32401
Title	CLERK		Title	MINISTER
Name	SMITH, TANYA		Name	ALLEN, LOUISE L. MEMBER
Address	520 RICHARD JACKSON BLVD. APT.1302		Address	3920 M ARBOR TRACE LANE
City-State-Zip:	PANAMA CITY BEACH FL 32407		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/DIRECTOR   02/05/2016

Electronic Signature of Signing Officer/Director Detail   Date