

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001239

Entity Name: NEW LIFE IN CHRIST FELLOWSHIP, INC.**Current Principal Place of Business:**1501 LINCOLN AVE.
PANAMA CITY, FL 32405**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	809 KIRKLIN AVE
City-State-Zip:	PANAMA CITY FL 32401

Title	SD
Name	DANIELS, SHELLA
Address	1010 CENTER AVE APT.D
City-State-Zip:	PANAMA CITY FL 32401

Title	CLERK
Name	SMITH, TANYA
Address	520 RICHARD JACKSON BLVD. APT.1302
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	MINISTER
Name	BROXTON, BRENDA
Address	715 EAST 12TH ST.
City-State-Zip:	PANAMA CITY FL 32401

Title	MINISTER OF MUSIC
Name	TROTTER, GLORIA
Address	6412 OMOKO ST.
City-State-Zip:	PANAMA CITY FL 32404

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 P. GAINER**PASTOR****04/03/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date