

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010164

**Entity Name:** NEW LIFE MINISTRIES OF QUINCY, INC.

**Current Principal Place of Business:**

640 SOUTH SHELFER ST.  
QUINCY, FL 32353

**Current Mailing Address:**

640 SOUTH SHELFER ST.  
QUINCY, FL 32353 US

**FEI Number:** 27-3741837

**Certificate of Status Desired:** No

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

EVANS, MAURICE E  
111 HORSEMAN ASSOCIATION ROAD  
TALLAHASSEE, FL 32304 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 LOCKWOOD, RICHARD  
Address 1850 ST. HEBRON ROAD  
City-State-Zip: QUINCY FL 32351

Title D  
Name EVANS, FELICIA  
Address 111 HORSEMAN ASSOCIATION ROAD  
City-State-Zip: TALLAHASSEE FL 32304

Title D  
Name WATKINS, REGINALD  
Address 88 RAVEN RUN  
City-State-Zip: HAVANA FL 32333

Title D,P  
Name EVANS, MAURICE E  
Address 111 HORSEMAN ASSOCIATION ROAD  
City-State-Zip: TALLAHASSEE FL 32304

Title S  
Name RICHARDSON, ELIZABETH C  
Address 86 EAST CIRCLE DRIVE  
City-State-Zip: GRETNA FL 32332

*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:** ELIZABETH C. RICHARDSON

**SECRETARY**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date