

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

DOCUMENT# N11000007584

**Entity Name:** LOVE AND NEW LIFE MINISTRIES, INC.

**Current Principal Place of Business:**

558 W. RIVER ROAD  
WEWAHITCHKA, FL 32465

**Current Mailing Address:**

P.O. BOX 503  
WEWAHITCHKA, FL 32465 US

**FEI Number:** 45-2967207

**Certificate of Status Desired:** No

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

JOHNSON, BRADFORD PASTOR  
7563 KELSEY DRIVE  
PANAMA CITY, FL 32404 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 PSTR  
Name JOHNSON, BRADFORD PASTOR  
Address 7563 KELSEY DRIVE  
City-State-Zip: PANAMA CITY FL 32404

Title DEAC  
Name MIDDLETON, WILLIE GDEACON  
Address 725 MAPLE AVENUE  
City-State-Zip: PANAMA CITY FL 32401

Title DEAC  
Name JONES, EDWARD DEACON  
Address P.O. BOX 1241  
City-State-Zip: WEWAHITCHKA FL 32465

Title DEAC  
Name CEASAR, MACK DEACON  
Address 1210 TRANSMITTER ROAD  
City-State-Zip: PANAMA CITY FL 32404

Title DEAC  
Name GRAHAM, JOSEPH DEACON  
Address 714 CREWS DRIVE  
City-State-Zip: PANAMA CITY FL 32404

Title DEAC  
Name JONES, JOHNNY DEACON  
Address P.O. BOX 380  
City-State-Zip: WEWAHITCHKA FL 32465

*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:** BRADFORD JOHNSON

**PASTOR**

**03/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date