

2016 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****03/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date