

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000005637

**Entity Name:** NEW LIFE ACADEMY, INC.

**Current Principal Place of Business:**

1206 NORTH C STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

1206 NORTH C STREET  
PENSACOLA, FL 32501 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

CONWAY, KAREN R  
1206 NORTH C STREET  
PENSACOLA, FL 32501 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 P  
Name KAREN, CONWAY R  
Address 1206 NORTH C STREET  
City-State-Zip: PENSACOLA FL 32501

Title TRES  
Name FREEMAN, PATRICIA  
Address 422 N WENTWORTH  
City-State-Zip: PENSACOLA FL 32505

Title MEMB  
Name LOWERY, KORINNE R  
Address 1206 NORTH C STREET  
City-State-Zip: PENSACOLA FL 32501

Title MEMB  
Name GAINS, SONIA  
Address 1884 GARY CIRCLE  
City-State-Zip: PENSACOLA FL 32505

Title SECRETARY  
Name LAWRENCE, JANA DANIELLE  
Address 8800 PINE FOREST ROAD  
12208  
City-State-Zip: PENSACOLA FL 32534

*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:** KAREN CONWAY

**PRESIDENT**

**06/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date