## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011585

Title:

Name:

Address:

City-St-Zip:

GM

( ) Delete

BROOKSVILLE, FL 34601 US

CHAMPAGNE, LEEANN

1369 SABRA DRIVE

FILED Apr 28, 2005 Secretary of State

Entity Name	e: NEW JOUF	RNEY CHURCH, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
1369 SABRA BROOKSVIL	A DRIVE LLE, FL 34601	US			
Current Mailing Address:			New Mailing Address:		
1369 SABRA BROOKSVIL	A DRIVE LLE, FL 34601	US	P.O. BOX 10 BROOKSVIL	0342 .LE, FL 346030342 US	
FEI Number: 20	0-2001487	FEI Number Applied For ( ) FEI Nu	ımber Not Applic	able ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
MODANIEL	KIMBERLY A	IE			
506 UNDER'S BROOKSVIL	LE, FL 34601	US	of changing its	registered office or registered agent or both	
506 UNDER'S BROOKSVIL	LE, FL 34601 amed entity sul	US	of changing its	registered office or registered agent, or both,	
506 UNDER'S BROOKSVIL	LE, FL 34601 amed entity sul of Florida. E:	US pmits this statement for the purpose	of changing its		
506 UNDER'S BROOKSVIL  The above noting the State of	LE, FL 34601 amed entity sul of Florida. E:	US		Date	
506 UNDER'S BROOKSVIL  The above noting the State of SIGNATURE	LE, FL 34601 amed entity sul of Florida. E:	US  pomits this statement for the purpose  Signature of Registered Agent			
506 UNDER BROOKSVIL  The above noting the State of SIGNATURE  OFFICERS ATTITLE:  Name: GAddress:	LLE, FL 34601  amed entity sulpf Florida.  Electronic	US  Domits this statement for the purpose  Signature of Registered Agent  DRS:  Belete  EGORY B  /E		Date	
506 UNDER BROOKSVIL  The above no in the State of SIGNATURE  OFFICERS ATTILLE:  Name:  Address:  Title:  Name:  Address:  Address:	LLE, FL 34601  amed entity sulpf Florida.  Electronic  AND DIRECTO P () DICHAMPAGNE, GR	Omits this statement for the purpose  Signature of Registered Agent  ORS:  elete EGORY B //E L 34601 US  elete	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  //CHANGES TO OFFICERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KIMBERLY A MCDANIEL **CFO** 04/28/2005

() Change () Addition