2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N20179

Entity Name: NEW LIFE CHRISTIAN CENTER OF CRYSTAL RIVER, INC.

Current Principal Place of Business:

4515 N TALLAHASSEE ROAD
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2767
CRYSTAL RIVER, FL 344232767 US

New Mailing Address:

FEI Number: 59-2773295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SININGER, DAVID B
5550 W WOODSIDE DRIVE
CRYSTAL RIVER, FL 344292689 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: VANANTWERP, LINDA S
Address: 5880 W WOODHILL CT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P ( ) Delete
Name: SININGER, DAVID B
Address: 5550 W WOODSIDE DR
City-St-Zip: CRYSTAL RIVER, FL 344292689

Title: SD ( ) Delete
Name: SININGER, SUSAN R
Address: 5550 W WOODSIDE DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: DD ( ) Delete
Name: SMITH, FRANK D
Address: 30 N COLUMBUS ST
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DAVID B SININGER PRES 01/05/2009
Electronic Signature of Signing Officer or Director Date