

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20179

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**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  
Name: VANANTWERP, LINDA S  
Address: 5880 W WOODHILL CT  
City-St-Zip: CRYSTAL RIVER, FL 34429

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

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

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

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: DAVID B SININGER

P

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date