


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N34310
 1. Entity Name
NEW LIFE ASSEMBLY OF GOD OF TRILBY INC.



Principal Place of Business 38012 S.R. 575 (TRILBY ROAD) TRILBY, FL 33593	Mailing Address P.O. BOX 35 TRILBY, FL 33593
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DO NOT WRITE IN THIS SPACE



08092005 No Chg-NP CR2E037 (10/03)

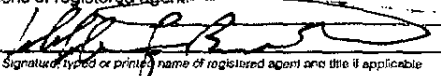
4. FEI Number 59-2238202	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BREWTON, WILLIAM F
 38038 MERIDIAN AVENUE
 DADE CITY, FL 33525**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **William F. Brewton** **8-08-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RALEY, DAVID C 6061 KNOLLWOOD DRIVE RIDGE MANOR, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BREWTON, WILLIAM F 38038 MERIDIAN AVENUE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RALEY, BEVERLY 6061 KNOLLWOOD DRIVE RIDGE MANOR, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, TIM 36156 GRESHAM RD. WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000376249
 08/12/05-80001-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **David C. Raley** **pd** **8-08-05** **352-563-3307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #