2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# N93000002157

Entity Name: NEW LIFE CHRISTIAN CENTRE OF THE TREASURE COAST, INC.

Current Principal Place of Business:

5555 NW ST JAMES DR
PSL, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

5555 NW ST JAMES DR
PSL, FL 34983 US

New Mailing Address:

FEI Number: 65-0317305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCASKILL, RONALD
5555 NW ST JAMES DR
PORT SAINT LUCIE, FL 34983 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:	PD	( ) Delete
Name:	MCCASKILL, RONALD	
Address:	5555 NW ST JAMES DR	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	VD	( ) Delete
Name:	MCCASKILL, LINDA	
Address:	5555 NW ST JAMES DR	
City-St-Zip:	PORT SAINT LUCIE, FL 34983	
Title:	STD	( ) Delete
Name:	HOOD, LYNN	
Address:	5300 MELVILLE RD	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	D	( ) Delete
Name:	MCCUTCHEN, JOE	
Address:	5300 MELVILLE RD	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	D	( ) Delete
Name:	DOGGETI, GERALD	
Address:	PO BOX 608091	
City-St-Zip:	ORLANDO, FL 32860	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	STD	(X) Change ( ) Addition
Name:	HOOD, LYNN	
Address:	5555 NW ST JAMES DRIVE	
City-St-Zip:	PORT ST LUCIE, FL 34983	
Title:	D	(X) Change ( ) Addition
Name:	MCCUTCHEN, JOE	
Address:	5555 NW ST JAMES DRIVE	
City-St-Zip:	PORT ST LUCIE, FL 34983	
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: LYNN HOOD STD 07/08/2009

Electronic Signature of Signing Officer or Director — Date