2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2010
Secretary of State

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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 ( )**

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
Name: MCCASKILL, RONALD
Address: 5555 NW ST JAMES DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD
Name: MCCASKILL, LINDA
Address: 5555 NW ST JAMES DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: STD
Name: HOOD, LYNN
Address: 5555 NW ST JAMES DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D
Name: MCCUTCHEN, JOE
Address: 5555 NW ST JAMES DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D
Name: DOGGETT, GERALD
Address: PO BOX 608091
City-St-Zip: ORLANDO, FL 32860

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: LYNN HOOD STD 01/13/2010

Electronic Signature of Signing Officer or Director Date