

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002496

FILED
Jun 15, 2005
Secretary of State

Entity Name: THE NEW LIFE PENTECOSTAL CHURCH, AND TEEN MINISTRIES, INC.

Current Principal Place of Business:

537 S. CENTRAL AVE.
APOPKA, FL

New Principal Place of Business:

Current Mailing Address:

1049 S. CENTRAL AVE.
APOPKA, FL 32703

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

BARNES, BARBARA
1049 SOUTH CENTRAL AVE.
APOPKA, FL 32703 US

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: D () Delete
Name: BARNES, BARBARA A
Address: 1049 SOUTH CENTRAL AVE.
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: BARNES, MASON
Address: 1049 SOUTH CENTRAL AVE.
City-St-Zip: APOPKA, FL 32703

Title: CC () Delete
Name: CLARK, LESHA L
Address: 103 W CLEVELAND STREET
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: BROWN, SITERA
Address: 735 S. LAKE AVE
City-St-Zip: APOPKA, FL 32703

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 for the exemption stated in Section 119.07(3)(i), 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: BARBARA A, BARNES

OFFI

06/15/2005

Electronic Signature of Signing Officer or Director

Date