

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748250

FILED
May 21, 2004
Secretary of State**Entity Name:** NEW LIFE PRESBYTERIAN CHURCH OF LAKE COUNTY, INC.**Current Principal Place of Business:**201 LAVISTA ST
FRUITLAND PARK, FL 34731**New Principal Place of Business:****Current Mailing Address:**201 LAVISTA ST
FRUITLAND PARK, FL 34731**New Mailing Address:****FEI Number:** 59-2050661**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BIRDSALL, WILLIAM
VIA MARCIA STREET AT TRINITY TRAIL
SPRING LAKE COMMUNITY
FRUITLAND PARK, FL 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: PESKA, CHARLES
Address: 3153 ATWELL AVE
City-St-Zip: LADY LAKE, FL 32159**Title:** SD () Delete
Name: SINGLEY, NANCY
Address: 307 GRIFFIN VIEW DR
City-St-Zip: LADY LAKE, FL 32159**Title:** TD () Delete
Name: FRANKLIN, BEAU
Address: 33737 SABEL WAY
City-St-Zip: LEESBURG, FL 34788**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: HALIDAY, MARCIA
Address: 905 N SHORE DR
City-St-Zip: LEESBURG, FL 34748**Title:** TD (X) Change () Addition
Name: SCHONAUER, DEBBIE
Address: 1511 NORTH LAKE VIEW AVE
City-St-Zip: LEESBURG, FL 34788

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: CHARLES PEKSA

PD

05/21/2004

Electronic Signature of Signing Officer or Director_____
Date