

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002157

Entity Name: NEW LIFE CHRISTIAN CENTRE OF THE TREASURE COAST, INC.**FILED**
Mar 07, 2019
Secretary of State
1341068516CC**Current Principal Place of Business:**4065 GARDEN VILLAS COURT
FORT PIERCE, FL 34982**Current Mailing Address:**4065 GARDEN VILLAS COURT
FORT PIERCE, FL 34982 US**FEI Number: 65-0317305****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCCASKILL, RONALD
4065 GARDEN VILLAS COURT
FORT PIERCE, FL 34982 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**Officer/Director Detail :**

Title	PD
Name	MCCASKILL, RONALD
Address	4065 GARDEN VILLAS COURT
City-State-Zip:	FORT PIERCE FL 34982

Title	VD
Name	MCCASKILL, LINDA
Address	4065 GARDEN VILLAS COURT
City-State-Zip:	FORT PIERCE FL 34982

Title	STD
Name	POLSON, PHILIP
Address	4621 OUTER LOOP 202
City-State-Zip:	LOUISVILLE KY 40219

Title	D
Name	MCCUTCHEN, JOE
Address	10618 PINE NEEDLE DRIVE
City-State-Zip:	FORT PIERCE FL 34945

Title	D
Name	DOGGETT, GERALD
Address	PO BOX 608091
City-State-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: PHILIP POLSON**SECRETARY****03/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date