2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2005 08:00 AM **DOCUMENT # 718624 Secretary of State** 1. Entity Name THE NEWMAN EVANGELISTIC ASSOCIATION, INC. Principal Place of Business Mailing Address 300 WINTER PARK DRIVE SOMERSET KY 42503 US 300 WINTER PARK DRIVE SOMERSET KY 42503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEi Number 59-1357352 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFMAN, L.K. Street Address (P.O. Box Number is Not Acceptable) 4506 S. FLORIDA AVENUE BOX 5964 LAKELAND FL 33813 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete Change ☐ Addition NEWMAN, CHARLES R NAME 000000274199 3300 S CHERRY STREET ADDRESS STREET ADDRESS 03/24/05-80001-022 61.25 PINE BULFF AR 71603 CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete HILE TITLE GREEN, JIM NAME NAME 1484 6TH ST NW STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition ☐ Delete NEWMAN, SANDRA G NAME NAME 605 HIGDON #212 STREET ADDRESS STREET ADDRESS City-ST-ZiP HOT SPRINGS AR CHY-ST-7/P [] Change ☐ Addition III) F Delete TITLE SPIVEY.C H NAME NAME 208 PARK AVE. STREET ADDRESS STREET ADDRESS AUBURNDALE FL CHY-ST-ZIP CITY-ST-ZIP Change Addition Delete THEF 3171 E SCOTT, SAM NAME 880 PIEDMONT DR. SE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete Dinf GARNER, ALBERT NAME NAME 810 E. BELLA VISTA STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY - ST - ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 113.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

FILED

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