

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 744648	
1. Entity Name NEWLIFE CHRISTIAN FELLOWSHIP CHURCH CENTER, INC.	
Principal Place of Business 8008 N. ARMENIA TAMPA, FL US	Mailing Address P.O. BOX 261105 TAMPA, FL 33685-1105 US



04052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2689710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIMS, R.W.(REV)
 7615 PALMBROOK DR.
 TAMPA, FL 33615

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIMS, RICHARD 7615 PALMBROOK DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFS MATHEWS, VIVIAN 6406 AXELROD ROAD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD MIMS, FLORA 7615 PALMBROOK DR. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, NATHANIEL F 8008 N. ARMENIA TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLISON, LEOLA ANNE TSD 8008 N. ARMENIA TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/11/05-80029-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Richard W. Mims 4-5-05 (813) 276-2932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Richard W. Mims