


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 26, 2006 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**

DO NOT WRITE IN THIS SPACE



04082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2689710

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MIMS, R.W.(REV)
7615 PALMBROOK DR.
TAMPA, FL 33615**

DO NOT WRITE IN THIS SPACE

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, 2006**

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	

U00000534839
 05/08/06-80028-015 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 MIMS  4/21/06 (813) 885-6463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #