

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # 752133

1. Entity Name
**NEW LIFE ASSEMBLY OF GOD OF SOUTH WINTER
HAVEN, INC.**



Principal Place of Business
**1951 RIFLE RANGE RD.
WINTER HAVEN, FL 33880**

Mailing Address
**1951 RIFLE RANGE RD.
WINTER HAVEN, FL 33880**



02282005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2071291

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FARRER, JAMES
1951 RIFLE RANGE RD.
BARTOW, FL 33880**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**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
**D
GREEN, KENNETH R
580 HEATHER COURT
BARTOW, FL 33830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROOKS, CHESTER
116 11TH STREET W.
WINTER HAVEN, FL 33880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITEHEAD, KENNETH
807 TUSCANI WAY
WINTER HAVEN, FL 33880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BIRCHEAT, IVA NELL
32 FOX LAKE RD. S.
WINTER HAVEN, FL 33880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
FARRER, JAMES
1951 RIFLE RANGE RD.
WINTER HAVEN, FL 33880**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000000303104
04/13/05-80093-007 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-05 863-533-44