

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755009

FILED
Jan 12, 2006
Secretary of State

Entity Name: NEW LIFE ASSEMBLY OF GOD OF LEHIGH ACRES, FLORIDA, INC.

Current Principal Place of Business:

507 SUNSHINE BLVD.
LEHIGH, FL 33971 US

New Principal Place of Business:

Current Mailing Address:

507 SUNSHINE BLVD.
LEHIGH, FL 33971 US

New Mailing Address:

FEI Number: 59-2126484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASCHIERI, JOHN R.
4532 VARSITY LAKES CT.
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOGGS, JAMES
Address: 418 CLAYTON
City-St-Zip: LEHIGH, FL 33936

Title: D () Delete
Name: KING, JOSEPH,
Address: 3420 LEE BLVD.
City-St-Zip: LEHIGH, FL

Title: D () Delete
Name: COOPER, IVAN
Address: 312 SE 27TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: WESTRICK, JEFF
Address: 225 OCEAN PARK DRIVE
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: DISTANT, ANGUS
Address: 1521 HONOR CT
City-St-Zip: LEHIGH ACRES, FL 33971

Title: P () Delete
Name: BASCHIERI, JOHN
Address: 4532 VARSITY LAKES CT.
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HORROM, NEAL,
Address: 221 ROOSEVELT AVE
City-St-Zip: LEHIGH, FL 33972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN R. BASCHIERI

PRES

01/12/2006

Electronic Signature of Signing Officer or Director

Date