## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#770306**

FILED Jan 23, 2006 Secretary of State

Entity Name: NEW LIFE CHRISTIAN CENTER OF FORT MYERS, INC.

Current Principal Place of Business: New Principal Place of Business:

1927 VICTORIA ST

FT. MYERS, FL 33901 US

Current Mailing Address: New Mailing Address:

NEW LIFE CHRISTIAN CENTER P.O. BOX 7105

FT. MYERS, FL 33911 US

FEI Number: 65-0055298 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARNES, ETHEL M REV

13851 FERN TRAIL DRIVE

FORT MYERS, FL 33903 US

BARNES, ETHEL M REV

13851 FERN TRAIL DRIVE

NORTH FORT MYERS, FL 33903 US

FORT MITERS, FL 33903 US

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: 01/23/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 BARNES, ETHEL M
 Name:
 BARNES, ETHEL M

 Address:
 13851 FERN TRAIL DRIVE
 Address:
 13851 FERN TRAIL DRIVE

Address: 13851 FERN TRAIL DRIVE Address: 13851 FERN TRAIL DRIVE

City-St-Zip: FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: BARNES, EROLYN W Name: BARNES, EROLYN W

Address: 13851 FERN TRAIL DRIVE Address: 13851 FERN TRAIL DRIVE
City-St-Zip: FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903

Name: BUCHANNON, DEBBIE Name: BUCHANNON, DEBBIE
Address: 2424 JACKSON STREET Address: 4000 WINKLER AVENUE, APT, 103

 Address:
 2424 JACKSON STREET
 Address:
 4000 WINKLER AVENUE, APT. 103

 City-St-Zip:
 FORT MYERS, FL 33901
 City-St-Zip:
 FORT MYERS, FL 33916

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: ETHEL M. BARNES PD 01/23/2006