

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001701

FILED
May 03, 2006
Secretary of State

Entity Name: NEXT LEVEL MINISTRY, INC.

Current Principal Place of Business:

525 E HELEN AVE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

525 E HELEN AVE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1033781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PLATT, CHARLES SR
525 E HELEN AVE
PUNTA GORDA, FL 33950 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TVD () Delete
Name: PLATT, LINDA L
Address: 525 E HELEN AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: S () Delete
Name: MATTHEW, YOLANDA R
Address: 341 FAIRHAVEN STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T () Delete
Name: PRESLEY, KENNETH L
Address: 640 MARSH STREET
City-St-Zip: FORT MYERS, FL 33902

Title: T () Delete
Name: PLATT, CHARLES JR
Address: 525 E. HELEN AVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LINDA L PLATT

TVD

05/03/2006

Electronic Signature of Signing Officer or Director

Date