

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

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003328

1. Entity Name
NEW LIFE COVENANT CHURCH, INC.



Principal Place of Business
1640 DIRSET DR
MOUNT DORA, FL 32757

Mailing Address
1640 DIRSET DR
MOUNT DORA, FL 32757



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3647715

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, WILLIAM L
1640 DORSET DR
MOUNT DORA, FL 32757

**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 reinstating)

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 PD
NAME SULLIVAN, WILLIAM L
STREET ADDRESS 1640 DORSET DR
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE T
NAME SULLIVAN, FRANCES M
STREET ADDRESS 1640 DORSET DR
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE T
NAME RILEY, JEFF
STREET ADDRESS 2201 HOWARD ST.
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE T
NAME BARFIELD, JEAN
STREET ADDRESS 2921 NOBLETON ST.
CITY-ST-ZIP DELTON, FL 32773

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000270139
03/19/05-80038-022 61.25

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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: WILLIAM L. SULLIVAN 3/16/05 352-7355367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #