2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # N0000003328 1. Entity Name NEW LIFE COVENANT CHURCH, INC.				04	1-24-2006 90)342 007 ****6 ⁻	1.25	
Principal Place of Business 1640 DIRSET DR MOUNT DORA, FL 32757 Mailing Address 1640 DIRSET DR MOUNT DORA, FL 32757 MOUNT DORA, FL 32757			7		ignii grist rgiii grist r	S(1) APISA (2988 411/8 (1884 18	1111 81 B 1 1 28 1	
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				#111 ##1## 111## \$111 # (10 #\$ 10) ((6) B) B6)	
					ng-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Number 59-364771	5	⊢ ⊢ ·	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	S8.75 Add		
	6. Name and Address of Current Reg	istered Agent		7. Name and Addi	ress of New Reg		· <u>-</u>	
SULLIVAN, WILLIAM L			Name	·				
1640 DORSET DR MOUNT DORA, FL 32757			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City			▼ ■ Zip Cod	e	
9. The above parties or home this electromest for the average of above in the color			'	FL '				
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								
	Signature, typed or printed name of registered agent and ti	tie if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating)		DATE		
	Signature, typed or printed name of registered agent and it Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE Se check payable to a Department of St		
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under cath; 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.