


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 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
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3647715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, WILLIAM L 1640 DORSET DR MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, FRANCES M 1640 DORSET DR MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILEY, JEFF 2201 HOWARD ST. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARFIELD, JEAN 2921 NOBLETON ST. DELTON, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000621651
02/12/07-80025-014 61.25

12. I hereby certify that the information supplied with this filing 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 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 *[Signature]* 2/04/07 7355362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #