2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# N01000000539

Entity Name: NEW LIFE COMMUNITY CHURCH OF LAKELAND, INC.

Current Principal Place of Business:

84 LAKE WIRE DRIVE
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

84 LAKE WIRE DRIVE
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 63-2110112 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIS, KENNETH E
530 BONNIE DRIVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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:	P	( ) Delete
Name:	ELLIS, KENNETH E	
Address:	530 BONNIE DRIVE	
City-St-Zip:	LAKELAND, FL 33803	
Title:	S	( ) Delete
Name:	CAMP, AMANDA	
Address:	84 LAKE WIRE DRIVE	
City-St-Zip:	LAKELAND, FL 33815	
Title:	T	( ) Delete
Name:	MAIUZZO, PAUL	
Address:	5371 LONGLEAF COURT	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	YURCHAK, FRANK	
Address:	1616 SIMS PLACE	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	YURCHAK, KRISTA	
Address:	1616 SIMS PLACE	
City-St-Zip:	LAKELAND, FL 33803	
Title:	D	( ) Delete
Name:	NICHOLSON, RICK	
Address:	819 W. HANCOCK STREET	
City-St-Zip:	LAKELAND, FL 33803	

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:	
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: AMANDA CAMP S 04/20/2006

Electronic Signature of Signing Officer or Director — Date