

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000565

FILED
Jan 25, 2006
Secretary of State

Entity Name: LIFELINE OUTREACH CHRISTIAN CENTER, INCORPORATED

Current Principal Place of Business:

1801 PORT MALABAR BLV. NE
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 60305
PALM BAY, FL 32906 US

New Mailing Address:

FEI Number: 59-3694716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, TERRY LYNN
5040 CRAIG RD
COCOA, FL 32926 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: D () Delete
Name: CLARK, ERRICK
Address: 544 MALABAR RD SW #202
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: CLARK, LETTIA
Address: 544 MALABAR RD SW #202
City-St-Zip: PALM BAY, FL 32907

Title: T () Delete
Name: CRAIG, TERRY L
Address: 5040 CRAIG RD
City-St-Zip: COCOA, FL 32926

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: FLEMING, ANNE J
Address: 2200 KNOX MCRAE DR. #24
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Change (X) Addition
Name: GRIMES, CLIFFORD J
Address: 2200 KNOX MCRAE DR. #24
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Change (X) Addition
Name: CRAIG, CHAUNCY D
Address: 3242 EDGEWOOD DR.
City-St-Zip: PALM BAY, FL 32905

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: TERRY L. CRAIG

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01/25/2006

Electronic Signature of Signing Officer or Director

Date