2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004078

FILED Jan 05, 2005 Secretary of State

Entity Name: NEW LIFE CHURCH OF CENTRAL BREVARD, INC.

Current Principal Place of Business: New Principal Place of Business:

5445 VILLAGE DR. SUITE 101 VIERA, FL 32955

Current Mailing Address: New Mailing Address:

5445 VILLAGE DR. SUITE 101 VIERA, FL 32955

FEI Number: 59-3462854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOERNER, DAVID M 5445 VILLAGE DR. SUITE 101 VIERA, FL 32955 US

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:

Floating Company of Designature of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 DRAKE, BRENT S
 Name:
 WILLAS, JEFF

 Address:
 5445 VILLAGE DR. SUITE 101
 Address:
 5445 VILLAGE DR. SUITE 101

City-St-Zip: VIERA, FL 32955 City-St-Zip: VIERA, FL 32955

Title: TD () Delete Title: TD (X) Change () Addition Name: WHITTEN, EVELYN F Name: ECKBRETH, RAYMOND

 Address:
 5445 VILLAGE DR. SUITE 101
 Address:
 5445 VILLAGE DR. SUITE 101

 City-St-Zip:
 VIERA, FL 32955
 City-St-Zip:
 VIERA, FL 32955

Title: SD () Delete Title: () Change () Addition

 Name:
 KOERNER, DAVE
 Name:

 Address:
 5445 VILLAGE DR. SUITE 101
 Address:

 City-St-Zip:
 VIERA, FL 32955
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID M. KOERNER SD 01/05/2005