

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROPRIATE
FILED

06 JUN -1 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials



07062005 Chg-NP CR2E037 (10/03)

DOCUMENT # N01000004981			
1. Entity Name NEW LIFE CHURCH OF GOD, INC.			
Principal Place of Business 7209 N MANHATTAN AVE TAMPA, FL 33614		Mailing Address	
2. Principal Place of Business		3. Mailing Address P.O. Box 15478	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tampa, FL	
Zip	Country	Zip	Country
33684-5420	U.S.A.	33684-5420	U.S.A.
4. FEI Number 59-2977856		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 FRIER, MARK S 7209 N MANHATTAN AVE TAMPA, FL 33614		7. Name and Address of New Registered Agent Name: Clarence E. Lockard Street Address (P.O. Box Number is Not Acceptable): 510 Sparkman Rd City: Plant City FL Zip Code: 33566	
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: <i>Clarence E. Lockard (Pastor)</i>		DATE: 5-28-06	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DP	<input checked="" type="checkbox"/> Delete	
NAME	FRIER, MARK S		
STREET ADDRESS	7209 N MANHATTAN AVE		
CITY-ST-ZIP	TAMPA, FL 33614		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	BROWNLOW, LAMAR		
STREET ADDRESS	3434 SILVER MEADOW WAY		
CITY-ST-ZIP	PLANT CITY, FL 33566		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BRYANT, KEN		
STREET ADDRESS	2915 WEST ESTRELLA APT 4		
CITY-ST-ZIP	TAMPA, FL 33629		
TITLE	DV	<input type="checkbox"/> Delete	
NAME	GRIFFITH, VICKIE		
STREET ADDRESS	6202 AXLEROD ROAD		
CITY-ST-ZIP	TAMPA, FL 33634		
TITLE	S	<input type="checkbox"/> Delete	
NAME	EARHART, BARBARA		
STREET ADDRESS	P O BOX 17822		
CITY-ST-ZIP	TAMPA, FL 33682		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Lockard Clarence E		
STREET ADDRESS	510 Sparkman Rd		
CITY-ST-ZIP	Plant City FL 33566		
100076154781			
06/13/06--01037--012 **61.25			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Clarence E. Lockard</i> Clarence E. Lockard 7305 813-752-0626			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			