


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90146 025 \*\*\*\*70.00

<b>DOCUMENT # N01000008726</b>	
1. Entity Name <b>NEW LIFE MINISTRIES CHURCH, INCORPORATED</b>	

Principal Place of Business <b>11050 LYDIA ESTATES DRIVE JACKSONVILLE, FL 32218</b>	Mailing Address <b>11050 LYDIA ESTATES DRIVE JACKSONVILLE, FL 32218</b>
--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------

2. Principal Place of Business <b>513 Odessa St.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>N/A</b>	Suite, Apt. #, etc.

City & State <b>Jacksonville Florida</b>	City & State
Zip <b>32206</b>	Country <b>USA</b>

03252006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
----------------------------------------	-------------------------------------------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
----------------------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>SPENCER, GEORGE W 11050 LYDIA ESTATES DRIVE JACKSONVILLE, FL 32218</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCER, GEORGE W 11050 LYDIA ESTATES DRIVE JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SPENCER, AMERICUS 11050 LYDIA ESTATES DRIVE JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROUNDTREE, CYNTHIA 1255 W 28TH ST JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Roundtree, Cynthia</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1254 W. 28th St.</b> <b>Jacksonville, FL 32209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*George W. Spencer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-06 904 509-8207**

Date

Daytime Phone #