


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90057 018 ****61.25

DOCUMENT # N01697					
1. Entity Name NEW LIFE WORSHIP CENTER OF SARASOTA INC.					
Principal Place of Business 2105 WORRINGTON ST SARASOTA, FL 34231 US			Mailing Address 2105 WORRINGTON ST SARASOTA, FL 34231 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2392181	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARR, RICHARD 464 SOUTHCREEK DRIVE OSPREY, FL 34229				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARR, RICHARD		NAME		
STREET ADDRESS	464 SOUTHCREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARR, DEANNA		NAME		
STREET ADDRESS	464 SOUTHCREEK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OSPREY, FL 34229		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, FRED		NAME		
STREET ADDRESS	7358 PALOMINO LANE		STREET ADDRESS		
CITY-ST-ZIP	SARSOTA, FL 34241		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRINGER, NIKKI		NAME		
STREET ADDRESS	1409 NORTH TAMiami TRAIL		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHNEIDER, FRED		NAME	Please Delete	
STREET ADDRESS	3708 RIVIERA DR.		STREET ADDRESS	Freel Schneider	
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WRIGHT, CYNTHIA		NAME		
STREET ADDRESS	657 VANDERBILT		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP		
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: <u>Deanna Carr</u> DEANNA CARR			Date: 1/11/08 941-922-8444		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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