2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# N03000001867

Entity Name: NEW LIFE IN CHRIST BAPTIST CHURCH OF OLDSMAR, INC.

Current Principal Place of Business:

139 HUNTER LAKE DR #E
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

139 HUNTER LAKE DR #E
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 02-0590114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ARMSTEAD, TERISETA M
415 WINDWARD CIRCLE
OLDSMAR, FL 34677 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: MR. ( ) Delete
Name: HULL, JAMES G
Address: 139 E. HUNTERLAKE DR.
City-St-Zip: OLDSMAR, FL 34677

Title: MRS. ( ) Delete
Name: HULL, KIISHA L
Address: 139 E. HUNTERLAKE DR.
City-St-Zip: OLDSMAR, FL 34677

Title: MS. ( ) Delete
Name: ARMSTEAD, TERRI M
Address: 415 WINWARD CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: MS. ( ) Delete
Name: GAMBLE, YVETTE P
Address: 1123 SOUTH ST.
City-St-Zip: CLEARWATER, FL 33756

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: MS. (X) Change ( ) Addition
Name: ARMSTEAD, TERRI M
Address: 415 WINDWARD CIRCLE
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MRS. ( ) Change (X) Addition
Name: WHITFEILD, DJUANA K
Address: P.O. BOX 982
City-St-Zip: OLDSMAR, FL 34677

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: KIISHA L. HULL MRS. 07/05/2005

Electronic Signature of Signing Officer or Director — Date