


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AF)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90005 045 \*\*\*\*70.00

<b>DOCUMENT # N03000002855</b>					
1. Entity Name <b>NEW LIFE WORSHIP CENTER, INC.</b>					
Principal Place of Business <b>1133-C HWY 90 W DEFUNIAK SPRINGS FL 32433</b>			Mailing Address <b>P.O. BOX 1327 DEFUNIAK SPRINGS FL 32435</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>51-0422717</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent <b>ROGERS, MELISSA 69 SHELBI COURT DEFUNIAK SPRINGS FL 32433</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUATTLEBAUM, LARRY PASTOR <input type="checkbox"/> Delete 151 JOHN WHITE RD. DEFUNIAK SPRINGS FL 32435				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MELISSA CLERK <input type="checkbox"/> Delete 69 SHELBI COURT DEFUNIAK SPRINGS FL 32433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JAMES TRUSTEE <input type="checkbox"/> Delete 69 SHELBI COURT DEFUNIAK SPRINGS FL 32433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIOTT, SANDRA <input type="checkbox"/> Delete 1160 JUNIPER LAKE DR. DEFUNIAK SPRINGS FL 32433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, LINDA <input type="checkbox"/> Delete 900 JUNIPER LAKE DR. DEFUNIAK SPRINGS FL 32433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CHARLES DEACON <input checked="" type="checkbox"/> Delete 55 WIDNER CIRCLE DEFUNIAK SPRINGS FL 32433				
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	<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 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>Linda Owens Ingersoll</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <i>5/16/04</i> Daytime Phone #: <i>8508920684</i>					

66415514



MOORE CR2E037 (11/03)