

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90028 033 ****70.00

DOCUMENT # N03000003642					
1. Entity Name NEW LIFE PENTECOSTAL CHURCH OF GOD OF TAMPA, INC.					
Principal Place of Business 1611 E BOUGANVILLEA AVE TAMPA, FL 33612			Mailing Address 1611 E BOUGANVILLEA AVE TAMPA, FL 33612		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05092006 Chg-NP CR2E037 (4/06)	
4. FEI Number 11-3688766				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			7. Name and Address of New Registered Agent		
ATCHISON, THOMAS E 1611 E BOUGANVILLEA AVE TAMPA, FL 33612			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: Thomas E Archison 5-16-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DPVT ATCHISON, THOMAS E 1611 BOUGAINVILLEA TAMPA, FL 33612 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Keeler, W, William H. 10930 N. 29th St. Tampa, FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALSH, RICHARD 12522 HOLYOKE AVE TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Falkingham, Ada M. 4014 W. Waters Ave. #1301 Tampa, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: Thomas E Archison 5-16-06 813-971-6961 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40093300





ATTACHMENT

New Life Pentecostal Church of God

Dr. Thomas E. Atchison, Pastor
Rev. William H. Keeler, IV, Assistant Pastor

May 17, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

40093368
10300003642

Re: Annual Report and Certificate of Status

Dear Sir/Madame:

Please find enclosed our 2006 Not-For-Profit Corporation Annual Report Form and a check for \$70.00 covering the filing fee for the Annual Report (\$61.25) and Certificate of Status (\$8.75).

Should you have any questions or require further information, please do not hesitate to call me personally at 813 971-6961.

Sincerely,

Ada M. Falkingham

Rev. Ada M. Falkingham
Accounts Manager
amf//

Enclosures: Check No. 1432 \$70.00
Form CR20E37 (4/06) Annual Report Form