


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

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90013 001 \*\*\*\*70.00

<b>DOCUMENT # N03000005271</b>	
<b>1. Entity Name</b> NEW LIFE REVIVAL CENTER, INC.	

<b>Principal Place of Business</b> 1749 OVERBROOK AVE CLEARWATER FL 33755	<b>Mailing Address</b> 1749 OVERBROOK AVE CLEARWATER FL 33755
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 65-1192791	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  MARBEITER, DAWN R 1749 OVERBROOK AVE CLEARWATER FL 33755
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<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<b>NAME</b> MARBEITER, KEITH A <b>STREET ADDRESS</b> 1749 OVERBROOK AVE <b>CITY - ST - ZIP</b> CLEARWATER FL 33755 <input type="checkbox"/> Delete	<b>TITLE</b> VD	<b>NAME</b> MARBEITER, EUGENE C. <b>STREET ADDRESS</b> 488 MACLEOD TERRACE <b>CITY - ST - ZIP</b> DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD	<b>NAME</b> MARBEITER, DAWN R <b>STREET ADDRESS</b> 1749 OVERBROOK AVE <b>CITY - ST - ZIP</b> CLEARWATER FL 33755 <input type="checkbox"/> Delete	<b>TITLE</b> STD	<b>NAME</b> MARBEITER, DAWN R. <b>STREET ADDRESS</b> 1749 OVERBROOK AVE. <b>CITY - ST - ZIP</b> CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Keith A. Marbeiter **KEITH A. MARBEITER** 3-12-04 (727)449-9839  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #