


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N03000006048</b> 1. Entity Name <b>NEW PURPOSE COMMUNITY CHURCH, INC.</b>				 SEP 14 AM 11:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>345 CAUSEWAY BLVD. DUNEDIN, FL 34698</b>		Mailing Address <b>345 CAUSEWAY BLVD. DUNEDIN, FL 34698</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1181</b> Suite, Apt. #, etc.			
City & State <b>OLDSMAR, Florida</b>		City & State <b>OLDSMAR, Florida</b>		4. FEI Number <b>57-1178609</b>	
Zip <b>34877</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SISK, JAMES E 1465 MAHOGANY LANE PALM HARBOR, FL 34683</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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.  <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE _____  <i>James E. Sisk</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div>           DATE _____         </div> </div>					
<b>Amended AR is \$61.25</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>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SISK, JAMES E 1465 MAHOGANY LANE PALM HARBOR, FL 34683</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit <b>SISK, Pamela J. 1465 Mahogany Lane Palm Harbor, FL 34683</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SIMPSON, GARRY T 3500 LANDMARK TRAIL CLEARWATER, FL 34684</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit <b>900060125709 10/03/05--01003--004 **70.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>WILLIAMS, H. DENNIS 4986 RIDGEMOOR CIRCLE PALM HARBOR, FL 34685</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit	
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"/> Addit	
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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"/> Addit	

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 i

*James E. Sisk*