

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006179

1. Entity Name
NEW LIFE - CLEARVISION FULL GOSPEL MINISTRIES
INC.



Principal Place of Business
5835 NW 145 AVE RD
MORRISTON, FL 32668

Mailing Address
5835 NW 145 AVE RD
MORRISTON, FL 32668



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number
02-0697996

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHISHOLM, TIMOTHY
5805 NW 145 AVE RD
MORRISTON, FL 32668

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHISHOLM, SHIRLEY
STREET ADDRESS 5805 NW 145TH AVENUE ROAD
CITY-ST-ZIP MORRISTON, FL 32668

TITLE CS
NAME MCCALL, JOHNNIE M
STREET ADDRESS 5809 NW 145TH AVE ROAD
CITY-ST-ZIP MORRISTON, FL 32668

TITLE D
NAME CHISHOLM, TIMOTHY
STREET ADDRESS 5805 NW 145TH AVE ROAD
CITY-ST-ZIP MORRISTON, FL 32668

TITLE O
NAME BERRY, JULIA
STREET ADDRESS P.O. BOX 1354
CITY-ST-ZIP LAKE PARK, GA 31636

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00000730346
04/25/05-80156-006 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shirley Chisholm Shirley Chisholm 4-20-05 (352) 843-0078