## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006179

FILED May 01, 2006 Secretary of State

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

urrent P	Principal Place of Business:	New Principal Place of I	Business:
	145 AVE RD ON, FL 32668		
urrent N	failing Address:	New Mailing Address:	
	145 AVE RD ON, FL 32668		
n accordan	r: 02-0697996 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the corporation did no		Certificate of Status Desired ( )
ame and	d Address of Current Registered Agent:	Name and Address of N	ew Registered Agent:
805 NW	M, TIMOTHY 145 AVE RD ON, FL 32668 US		
	e named entity submits this statement for the pee of Florida.	rpose of changing its registered of	fice or registered agent, or bo
the State	e of Florida.	rpose of changing its registered of	fice or registered agent, or bo
the State	e of Florida.		fice or registered agent, or bo  Date
n the State	e of Florida. RE:	nt	
the State	e of Florida.  RE:  Electronic Signature of Registered Age	at ADDITIONS/CHANGES	Date
the State IGNATUI  FFICER: ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	e of Florida.  RE:  Electronic Signature of Registered Age  S AND DIRECTORS:  P () Delete CHISHOLM, SHIRLEY 5805 NW 145TH AVENUE ROAD	ADDITIONS/CHANGES  Title: ( ) Name: Address: City-St-Zip:	Date  TO OFFICERS AND DIRECT Change ( ) Addition  Change ( ) Addition DARRYL L HAVE RD
the State IGNATUI  FFICER: tte: ame: ddress:	RE:  Electronic Signature of Registered Age  S AND DIRECTORS:  P () Delete CHISHOLM, SHIRLEY 5805 NW 145TH AVENUE ROAD MORRISTON, FL 32668  CS () Delete MCCALL, JOHNNIE M 5809 NW 145TH AVE ROAD	ADDITIONS/CHANGES  Title: () Name: Address: City-St-Zip:  Title: FC (X) Name: SWEETWINE, I Address: 5805 NW 145TH City-St-Zip: MORRISTON, F	Date  TO OFFICERS AND DIRECT Change ( ) Addition  Change ( ) Addition DARRYL L HAVE RD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY CHISHOLM P/F 05/01/2006