

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008996

FILED
Jul 07, 2006
Secretary of State

Entity Name: NEW LIFE COMMUNITY CENTER OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

2119 TAMIAMI TRAIL
VENICE, FL 34293

New Principal Place of Business:

2390 SEABOARD AVE.
VENICE, FL 34293

Current Mailing Address:

2119 TAMIAMI TRAIL
VENICE, FL 34293

New Mailing Address:

547 FLAMINGO DRIVE
VENICE, FL 34293

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RANDY, BURT
547 FLAMINGO ROAD
FLORIDA, FL 34293 US

Name and Address of New Registered Agent:

RANDOLPH, BURT E REV.
547 FLAMINGO ROAD
FLORIDA, FL 34293 US

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.

SIGNATURE: RANDY E. BURT

07/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURT, RANDOLPH E REV.
Address: 547 FLAMINGO RD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: KERN, JEFFREY W
Address: 2160 W DOLPHIN DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: SPERBECK, FREDRICK J
Address: 5030 WHITESTONE DRIVE
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RANDOLPH E. BURT

D

07/07/2006

Electronic Signature of Signing Officer or Director

Date