


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90127 022 ****70.00

DOCUMENT # N03000010463					
1. Entity Name NEW LIFE WORSHIP CENTER MINISTRY INC.					
Principal Place of Business 343 SW 27TH AVE FORT LAUDERDALE FL 33312			Mailing Address 343 SW 27TH AVE FORT LAUDERDALE FL 33312		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1896752	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCMILLAN, SEAN 5720 LAKESIDE DR APT 614 MARGATE FL 33063			7. Name and Address of New Registered Agent Name Sean McMillan Street Address (P.O. Box Number is Not Acceptable) 4146 Lakeside Drive City Tamarac, FL 33319 FL Zip Code 33319		
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 Sean McMillan SEAN McMillan 5-3-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMILLAN, SEAN 5720 LAKESIDE DR, APT 614 MARGATE FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sean McMillan 4146 Lakeside Drive Tamarac Florida 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMILLAN, ANNIE 1580 NW 32ND AVE FT LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Christine Rutledge-McMillan 34777 N.W. 44th St. Apt 204 Oakland Park FL 33309 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUTLEDGE, CHRISTINA 343 SW 27TH AVE APT 204 OAKLAND PARK FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMILLAN, TONY 34777 NW 44TH STREET APT 204 OAKLAND PARK FL 33309 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMILLAN, TIA 5720 LAKESIDE DRIVE APT 614 MARGATE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tia McMillan 4146 Lakeside Drive Tamarac Florida 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kimberly Sterling 1110 N.W. 12th Street Ft. Lauderdale, FL 33311 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marilyn Darlean Wilson 6490 N.W. 11th Street margate, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: Sean McMillan SEAN McMillan 5-3-05 954-295-3805 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					