

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90021 025 \*\*\*\*61.25

**DOCUMENT # N03208**

1. Entity Name

NEW CHRISTIAN LIFE CHURCH, INC.



Principal Place of Business

239 NE 12TH AVE  
PO BOX 1634  
BOYNTON BCH FL 33435  
US

Mailing Address

111 NE 12TH AVENUE  
P.O. BOX 1634  
BOYNTON BEACH FL 33435

2. Principal Place of Business

3945 Old Boynton Rd

3. Mailing Address

P.O. BOX 1634

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Bch. FL

Zip

33436

Country

Palm Beach

Zip

33425

Country

Palm Bch.

6. Name and Address of Current Registered Agent

PITTS, ELIZABETH  
111 NE 12TH AVENUE  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2400070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BUTLER, RICHARD W REV<br>2988 DORSON WAY<br>DELRAY BEACH FL  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VCD<br>BUTLER, JAMES W<br>204 NE 12TH AVENUE<br>BOYNTON BEACH FL   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>PITTS, ELIZABETH<br>111 N. E. 12TH AVE.<br>BOYNTON BEACH FL | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>LINDSAY, HELEN G<br>521 N.W. 5TH STREET<br>BOYNTON BEACH FL  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/D<br>HELEN LINDSAY, HELEN G.<br>4434 Round Table Court<br>Boynton Beach, FL 33436 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input 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:** Elizabeth Pitts ELIZABETH PITTS STD 3/3/04 561-736-7828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #