

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 07, 2005
Secretary of State

DOCUMENT# N04000009142

Entity Name: TRUE LIFE COMMUNITY WORSHIP CENTER, INC.**Current Principal Place of Business:**4201 E. 98TH STREET
TAMPA, FL 33617**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 310654
TAMPA, FL 336800654**New Mailing Address:****FEI Number:** 20-1401081**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GREEN, CALVIN
4201 E 98TH STREET
TAMPA, FL 33617 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: GREEN, CALVIN
Address: 4201 E. 98TH STREET
City-St-Zip: TAMPA, FL 33617**Title:** VP () Delete
Name: GREEN, ANGELA
Address: 4201 E. 98TH STREET
City-St-Zip: TAMPA, FL 33617**Title:** D () Delete
Name: LEWIS, ALTHONSO
Address: 3821 E. RIVERHILL DR.
City-St-Zip: TAMPA, FL 33604**Title:** D () Delete
Name: LEWIS, CATHY
Address: 3821 E. RIVERHILL DR.
City-St-Zip: TAMPA, FL 33604**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:**Title:** D (X) Change () Addition
Name: DAVIS, CELESTINE R
Address: 914 NINA ELIZABETH CIRCLE#303
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CALVIN GREEN

P

07/07/2005

Electronic Signature of Signing Officer or Director

Date