

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009142

FILED  
Apr 30, 2006  
Secretary of State

**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 ( )**

**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: DAVIS, CELESTINE R  
Address: 914 NINA ELIZABETH CIRCLE#303  
City-St-Zip: BRANDON, FL 33510

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: 1715 PAINTBRANCH WAY  
City-St-Zip: BRANDON, FL 33511

Title: S ( ) Change (X) Addition  
Name: KNIGHT, TIFFONE  
Address: 11728 N. 58TH ST #3  
City-St-Zip: TAMPA, FL 33617

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: CALVIN GREEN

P

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date