


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 015 ****61.25

| | | | |
|---|-----------------------------------|---|---|
| DOCUMENT # N06000000621 | |  | |
| 1. Entity Name THE NEW CHURCH AT LAKE HELEN, INC. | | | |
| Principal Place of Business 145 N. EUCLID AVENUE LAKE HELEN, FL 32744 | | Mailing Address 145 N. EUCLID AVENUE LAKE HELEN, FL 32744 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| COLE, MICHAEL S 362 TRAVINO AVENUE ST AUGUSTINE, FL 32086 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | T <input type="checkbox"/> Delete | TITLE | T/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLE, MICHAEL S | NAME | |
| STREET ADDRESS | 362 TRAVINO AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32086 | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | T/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FURRY, JOHN EL W | NAME | FURRY, JOHN W |
| STREET ADDRESS | 451 MONTANA AVE | STREET ADDRESS | |
| CITY-ST-ZIP | DAVENPORT, FL 33897 | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ZEITZ, WILLIAM R | NAME | LOIS FURRY |
| STREET ADDRESS | 2465 EAST LAKE DRIVE | STREET ADDRESS | 702 MONTANA AVE |
| CITY-ST-ZIP | DELAND, FL 32724 | CITY-ST-ZIP | DAVENPORT, FL 33897 |
| TITLE | <input type="checkbox"/> Delete | TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | JACQUIE JOHNS |
| STREET ADDRESS | | STREET ADDRESS | 467 QUEENSBRIDGE DRIVE |
| CITY-ST-ZIP | | CITY-ST-ZIP | LAKE MARY, FL 32746 |
| TITLE | <input type="checkbox"/> Delete | TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | BRENT MORRIS |
| STREET ADDRESS | | STREET ADDRESS | 264 KICKLIGHTER ROAD |
| CITY-ST-ZIP | | CITY-ST-ZIP | LAKE HELEN, FL 32744 |
| TITLE | <input type="checkbox"/> Delete | TITLE | ASST. TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | ALAN Y. JOHNS |
| STREET ADDRESS | | STREET ADDRESS | 467 QUEENSBRIDGE DRIVE |
| CITY-ST-ZIP | | CITY-ST-ZIP | LAKE MARY, FL 32746 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>MICHAEL S. COLE, PRES.</u> | | Date: <u>4-9-2007</u> Daytime Phone #: <u>(904)794-2778</u> | |