


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90035 033 ****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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COLE, MICHAEL S 362 TRAVINO AVENUE ST AUGUSTINE, FL 32086					
7. Name and Address of New Registered Agent 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 _____ <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, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP COLE, MICHAEL S <input type="checkbox"/> Delete 362 TRAVINO AVENUE ST AUGUSTINE, FL 32086				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FURRY, JOHN W <input type="checkbox"/> Delete 451 MONTANA AVE DAVENPORT, FL 33897				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZEITZ, WILLIAM R <input type="checkbox"/> Delete 2465 EAST LAKE DRIVE DELAND, FL 327244				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FURRY, LOIS <input type="checkbox"/> Delete 702 MONTANA AVE DAVENPORT, FL 33897				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACQUIE, JOHNS <input type="checkbox"/> Delete 467 QUEENSBRIDGE DRIVE LAKE MARY, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, BRENT <input type="checkbox"/> Delete 264 KICKLIGHTER ROAD LAKE HELEN, FL 32744				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS 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 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: MICHAEL S. COLE <i>[Signature]</i> 4-6-08 (904) 794-2778 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					