
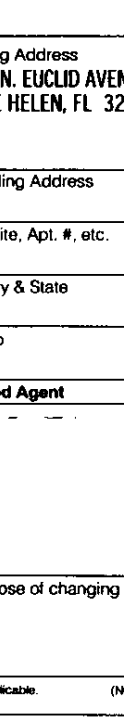


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 #			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
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, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TP	<input type="checkbox"/> Delete		TITLE	<input 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 W			NAME	
STREET ADDRESS	451 MONTANA AVE			STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33897			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEITZ, WILLIAM R			NAME	
STREET ADDRESS	2465 EAST LAKE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURRY, LOIS			NAME	
STREET ADDRESS	702 MONTANA AVE			STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT, FL 33897			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUIE, JOHNS			NAME	
STREET ADDRESS	467 QUEENSBRIDGE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, BRENT			NAME	
STREET ADDRESS	264 KICKLIGHTER ROAD			STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN, FL 32744			CITY-ST-ZIP	
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 				4-6-08 (904) 794-2778	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

