

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90244 029 ****61.25

DOCUMENT # N20179 1. Entity Name NEW LIFE CHRISTIAN CENTER OF CRYSTAL RIVER, INC.					
Principal Place of Business 4515 N TALLAHASSEE ROAD CRYSTAL RIVER, FL 34428 US			Mailing Address P.O. BOX 2767 CRYSTAL RIVER, FL 34423-2767 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2773295				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SININGER, DAVID B 5550 W WOODSIDE DRIVE CRYSTAL RIVER, FL 34429-2689			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2005		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	STD <input checked="" type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUMPHREY, DOUGLAS M		NAME	Van Antwerp, Linda S.	
STREET ADDRESS	6485 W RIVERBEND RD		STREET ADDRESS	5880 W. Woodhill Ct.	
CITY-ST-ZIP	DUNNELLO, FL 34433		CITY-ST-ZIP	Crystal River, FL 34429	
TITLE	P <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SININGER, DAVID B		NAME	WRIGHT, JOEL C.	
STREET ADDRESS	5550 W WOODSIDE DR		STREET ADDRESS	4477 W. Sandy Hill St.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 344292689		CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	D <input type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DODGE, CHARLES E		NAME	Sininger, SUSAN R	
STREET ADDRESS	9540 W CARAVAN PATH		STREET ADDRESS	5550 W. Woodside Dr.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	Crystal River, FL 344292689	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARK L. WILSON		NAME	MARK L. WILSON	
STREET ADDRESS	23 N. LINCOLN AVE		STREET ADDRESS	23 N. LINCOLN AVE	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465		CITY-ST-ZIP	BEVERLY HILLS, FL 34465	
TITLE	 <input type="checkbox"/> Delete		TITLE	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>David B. Sininger</i> DAVID B. SININGER			04-20-05		352.795.5433
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>