

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90078 047 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip 		3. Mailing Address Suite, Apt. #, etc. City & State Zip 		<div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> 03212007 Chg-NP CR2E037 (12/06) </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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																																																																																																																									
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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.																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE: <i>David B. Sininger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 30%; text-align: center;"> <i>April 12, 2007</i> <small>Date</small> </div> <div style="width: 30%; text-align: right;"> <i>352.795.5433</i> <small>Daytime Phone #</small> </div> </div>																																																																																																																													