## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N20571

FILED Jan 04, 2005 Secretary of State

Entity Name: NEW LIFE COMMUNITY CHURCH OF MARCO ISLAND, INC.

	Principal Place	of Business:	New Principal Place	e or business:	
	DALUSIA TERR. SL, FL 34145	ACE US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 1 MARCO IS	1220 SL, FL 34146	US			
FEI Number	r: 59-2767831	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
% RHODE 950 N. CC MARCO IS The above	EY, THOMAS C ES & TUCKER, DLLIER BLVD SLAND, FL 34' e named entity s te of Florida.	ATTORNEYS 145 US	purpose of changing its register	ed office or registered agent, or both	
SIGNATU					
CICINATO		ic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P () MCCULLEY, TH 1190 EMBER C MARCO ISLANI	OURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () FENIMORE, DO 651 DIPLOMAT MARCO ISLANI	COURT	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Name: Address:	FENIMORE, DO 651 DIPLOMAT MARCO ISLANI	DNALD C COURT D, FL 34145 Delete D AVENUE	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	FENIMORE, DO 651 DIPLOMAT MARCO ISLANI V () TWILLA, FRED 183 KIRKWOOI MARCO ISLANI	DNALD C COURT D, FL 34145  Delete D AVENUE D, FL 34145  Delete NK C CT	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	FENIMORE, DO 651 DIPLOMAT MARCO ISLANI  V () TWILLA, FRED 183 KIRKWOOI MARCO ISLANI D () MURPHY, FRAI 1195 TWIN OAI MARCO ISLANI D () CHAMBERS, RO	DNALD C COURT D, FL 34145  Delete D AVENUE D, FL 34145  Delete NK C CT D, FL 34145  Delete DNALD LIER BLVD., #721	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CHARLES MCCULLEY P 01/04/2005