

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29382

FILED
Apr 25, 2005
Secretary of State

Entity Name: NEW LIFE COMMUNITY CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

6512 EDGEWATER DRIVE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 607370
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 59-6537844 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAMSEY, CLYDE P SR
45 N PARK AVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORRISON, ALAN
Address: 2219 WEKIVA VILLAGE LANE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: HARPER, MARLON
Address: 450 E. SILVER STAR RD
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: BRALEY, LINDA
Address: 1878 LAKE HILL CIR
City-St-Zip: ORLANDO, FL 32818

Title: P () Delete
Name: RAMSEY, CLYDE P REV
Address: 45 N. PARK AVE.
City-St-Zip: APOPKA, FL 32703

Title: SDT () Delete
Name: ALFORD, ROBERTA
Address: 5550 MARIMBA STREET
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: WELTON, JAMES
Address: 4902 EDEN VIEW CT.
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HARPER, MARION
Address: 450 E. SILVER STAR RD
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERTA ALFORD

SDT

04/25/2005

Electronic Signature of Signing Officer or Director

Date