


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90004 003 \*\*\*\*61.25

<b>DOCUMENT # N29382</b> 1. Entity Name <b>NEW LIFE COMMUNITY CHURCH OF THE NAZARENE, INC.</b>					
Principal Place of Business <b>6512 EDGEWATER DRIVE ORLANDO, FL 32810</b>			Mailing Address <b>P.O. BOX 607370 ORLANDO, FL 32860</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6537844</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RAMSEY, CLYDE P SR 45 N PARK AVE APOPKA, FL 32703</b>				Name <b>Cook, Robert L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>510 Cranes Way #302</b> City <b>Altamonte Springs</b> <b>FL</b> Zip Code <b>32701</b>	
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 <b>Robert L. Cook</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>05/31/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORRISON, ALAN</b> <b>2219 WEKIVA VILLAGE LANE</b> <b>APOPKA, FL 32703</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARPER, MARION</b> <b>450 E. SILVER STAR RD</b> <b>OCOE, FL 34761</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Deborah Eifert</b> <b>621 Orchid Lane</b> <b>Altamonte Springs, FL 32714</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRALEY, LINDA</b> <b>1878 LAKE HILL CIR</b> <b>ORLANDO, FL 32818</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RAMSEY, CLYDE P REV</b> <b>45 N. PARK AVE.</b> <b>APOPKA, FL 32703</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDT</b> <b>ALFORD, ROBERTA</b> <b>5550 MARIMBA STREET</b> <b>ORLANDO, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WELTON, JAMES</b> <b>4902 EDEN VIEW CT.</b> <b>ORLANDO, FL 32810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Roberta Alford</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>6/8/06</b> Daytime Phone # <b>407-325-8595</b>		