


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90036 011 ****70.00

DOCUMENT # N31814			
1. Entity Name NEW LIFE SPIRITUAL CENTRE, INC.			
Principal Place of Business 750 N. THORNTON AVE. SUITE U ORLANDO FL 32803 US		Mailing Address PO BOX 941121 MAITLAND FL 32794-1121	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0124906		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAMBERT, LILLIAN REV 2892 CANYON DR ORLANDO FL 32822		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Rev. Lillian Lambert* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 + \$8.75 Due By May 1, 2005 TOTAL \$70.00	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HP LAMBERT, LILLIAN 2892 CANYON DR ORLANDO FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vera L. Baixeras Apt. 208 Orlando, FL 4368 S. Kirkman Rd. 32811-3111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R PMTS, JACKSON 31 W SEAELOWER APOPKA FL 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scott Maloney Board Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edgewater Dr. #32857 32857 ZIP Fairview Mobile Home Court #32857
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS VEGA, RUBY L 1851 WINDY AVE 118 W. TAHOE ST. APOPKA FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev. Debbie Bridges <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 520787 Longwood, FL 32752 Board member
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANABRIA, IRMA I 9922 DEAN COVE LANE ORLANDO FL 32825 <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	D HAYLETT, VELMA 620 EARROL PARKWAY APOPKA FL 32712 <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	R BRUCHEZ, TOM 3104 HOYANN ORLANDO FL 32822 <input checked="" 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 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: *Rev. Lillian Lambert* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #