

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90014 038 *****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 (10/05)

4. FEI Number

65-0124906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBERT, LILLIAN REV
2892 CANYON DR
ORLANDO FL 32822

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 + \$8.75
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

Total \$70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE HP ☐ Delete
NAME LAMBERT, LILLIAN
STREET ADDRESS 2892 CANYON DR
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☒ Addition
NAME Trish Roddis
STREET ADDRESS 534 Country Club DR.
CITY-ST-ZIP Winter Park, FL 32789

TITLE ~~BM~~ ☒ Delete
NAME BAIXERAS, VERA L
STREET ADDRESS 4368 KIRKMAN RD, APT. 208
CITY-ST-ZIP ORLANDO FL 32811-3111

TITLE ☐ Change ☒ Addition
NAME Dennis Hollin
STREET ADDRESS 5505 Hernandes Dr., APT. 217
CITY-ST-ZIP Pine Hills, FL 32808

TITLE RS ☐ Delete
NAME VEGA, RUBY L
STREET ADDRESS 118 W. TAHOE ST
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SANABRIA, IRMA I
STREET ADDRESS 9922 DEAN COVE LANE
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~BM~~ ☒ Delete
NAME MALONEY, SCOTT
STREET ADDRESS EDGEWATER DRIVE, FARVIEW MH CT
CITY-ST-ZIP ORLANDO FL 32857

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BM ☐ Delete
NAME BRIDGES, DEBBIE REV
STREET ADDRESS P.O. BOX 520787
CITY-ST-ZIP LONGWOOD FL 32752

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rev. Lillian Lambert