

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34310

FILED
Sep 01, 2006
Secretary of State

Entity Name: NEW LIFE ASSEMBLY OF GOD OF TRILBY INC.

Current Principal Place of Business:

38012 S.R. 575 (TRILBY ROAD)
TRILBY, FL 33593

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 35
TRILBY, FL 33593

New Mailing Address:

FEI Number: 59-2238202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BREWTON, WILLIAM F
38038 MERIDIAN AVENUE
DADE CITY, FL 33525 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: PD () Delete
Name: RALEY, DAVID C
Address: 6061 KNOLLWOOD DRIVE
City-St-Zip: RIDGE MANOR, FL 33523

Title: VPD () Delete
Name: BREWTON, WILLIAM F
Address: 38038 MERIDIAN AVENUE
City-St-Zip: DADE CITY, FL 33525

Title: ST () Delete
Name: RALEY, BEVERLY
Address: 6061 KNOLLWOOD DRIVE
City-St-Zip: RIDGE MANOR, FL 33523

Title: D () Delete
Name: CLARK, TIM
Address: 36156 GRESHAM RD.
City-St-Zip: WEBSTER, FL 33597

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: DAVID C. RALEY

PD

09/01/2006

Electronic Signature of Signing Officer or Director

_____ Date