
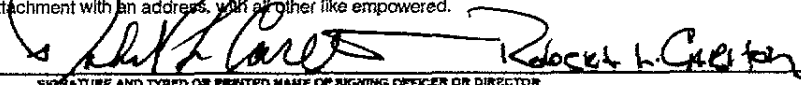


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N43151 1. Entity Name REALIFE COMMUNITY CHURCH, INC.		
Principal Place of Business 815 S. CENTRAL AVENUE LAKELAND, FL 33815 US	Mailing Address 815 S. CENTRAL AVENUE LAKELAND, FL 33815 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCLEOD, JAMES 2602 TENNESSEE ROAD LAKELAND, FL 33815		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCLEOD, JAMES 2602 TENNESSEE ROAD LAKELAND, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CARLTON, ROBERT L. 6817 ESTATE RD LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EDENFIELD, W. H. 6813 RANCH ROAD LAKELAND, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA WINDELL, TIDWELL 512 SHADY LANE LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC DINGWELL, KATHERINE L. 5633 ANNETTE ST. LAKELAND, FL 33810	
TITLE 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 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 another like empowered.		
SIGNATURE:  4/19/06 (863) 688-6893 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0722782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/06/06-80082-014 61.25

**DO NOT WRITE
IN THIS SPACE**