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

Mar 22, 2006 8:00 am Secretary of State DOCUMENT # N46792 1. Entity Name 03-22-2006 90024 045 ****61.25 NEW THOUGHT CHURCH, INC. Principal Place of Business Mailing Address 12301 DURANGO AVE NORTH PORT FL 34287 12301 DURANGO AVE NORTH PORT FL 34287 2. Principal Place of Business 3. Mailing Address aboul same as Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0305061 Not Applicable Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Juliette Jones JONES, JULIETTE REV Street Address (P.O. Box Number is Not Acceptable) 2630 SW 18TH STREET DUVANGO AUG FORT LAUDERDALE FL 33312 City North Pert 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 ager SIGNATURE Signature, typed or project name (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE JS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Pres, PD ☐ Delete TITLE ☐ Addition Julie He Jones JONES, JULIETTE G NAME NAME 12301 Durango Aue 2630 SW 18 ST STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE HUFNER, GUNTER NAME NAME 2170 NE 51 CT B-29 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP ___ Netete TITLE ☐ Change ☐ Addition TITLE SAWYER, CONRAD NAME NAME STREET ADDRESS 1413 N 58TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Director Delete TΩTE Change Addition Dansel, Darcy 9415. Northlace Dr NAME D'ANSEL, DAREY NAME STREET ADDRESS 941 SOUTH NORTHLACE DR STREET ADDRESS 9-1312 HOLLY WOOD, FL 3301 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019-1312 TITLE ☐ Delete TITLE Wilson, Marie NAME NAME 12239 Durango Aue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 to the corporation of the corporation of the corporation of the corporation of the receiver of 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 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 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.

SIGNATURE:

FILED