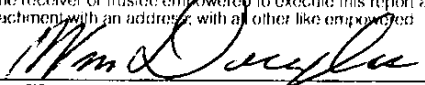


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90026 004 ****61.25

DOCUMENT # N47035 1. Entity Name: NEW LIFE EVANGELICAL LUTHERAN CHURCH OF HIGHLANDS COUNTY, INC.					
Principal Place of Business 3725 HAMMOCK ROAD SEBRING, FL 33872 US			Mailing Address 3725 HAMMOCK ROAD SEBRING, FL 33872 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3109013				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARD FYFFE 3710 ABERDEEN AVE SEBRING, FL 33875-8418			7. Name and Address of New Registered Agent 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when needed))					
Filing Fee is \$61.25 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FS DOUGLAS, BILL 716 SUNSET POINT DR LAKE PLACID, FL 33852	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD LUCKER, GERALD 3707 FAIRWAY RD SEBRING, FL 33872	☒ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S SCHNEIDENBACH, MERL PO BOX 1125 LAKE PLACID, FL 33862	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DAISLER, ROBERT 3037 WATERWAY DR LAKE PLACID, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T MUSKE, ARNOLD 512 BASS LANE AVON PARK, FL 33825	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SC PHEIFFER, LOWELL 2735 JOHN L STREET SEBRING, FL 33872	☒ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT PHEIFFER, LOWELL 2735 JOHN L STREET SEBRING, FL 33872				
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 an other like empowered.					
SIGNATURE: 		3/1/06 699-9401			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					