


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 032 ****61.25

DOCUMENT # N92000000999 1. Entity Name NEW LIFE IN CHRIST CHRISTIAN CHURCH, INC.					
Principal Place of Business 6225 NORWOOD AVE. JACKSONVILLE, FL 32208 US			Mailing Address 6225 NORWOOD AVE. JACKSONVILLE, FL 32208 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3154369	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WINFREY, IVORY L 2844 JUSTINA RD JACKSONVILLE, FL 32211				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINFREY, IVORY L <input type="checkbox"/> Delete 2844 JUSTINA RD JACKSONVILLE, FL 32211				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, RICKY S <input checked="" type="checkbox"/> Delete 6946 ALANA RD. JACKSONVILLE, FL 32209				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, ALICE <input type="checkbox"/> Delete 7246 SYMRA STREET JACKSONVILLE, FL 32208				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, ROSE B <input type="checkbox"/> Delete 1593 LANES S, APT. W JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martin, Jeffery <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9719 Evans Rd. Jacksonville, Fl. 32209				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 8/2/04 Daytime Phone #: (904) 764-0220					

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