


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

06-07-2005 90003 030 ****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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. --		Suite, Apt. #, etc. --	
City & State		City & State	
Zip	Country	Zip	Country

05132005 Chg-NP CR2E037 (10/03)

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WINFREY, IVORY L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2844 JUSTINA RD	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32211	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D MARTIN, JEFFERY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9719 EVANS RD.	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32209	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD TURNER, ALICE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7246 SYMRA STREET	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32208	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WALKER, ROSE B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1593 LANES S, APT. W	NAME	
STREET ADDRESS	JACKSONVILLE, FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **6/3/05 (904) 764-0220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #