

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002157

FILED
Feb 08, 2008
Secretary of State

Entity Name: NEW LIFE CHRISTIAN CENTRE OF THE TREASURE COAST, INC.

Current Principal Place of Business:

5555 NW ST JAMES DR
PSL, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

6640 S. US 1
PSL, FL 34952 US

New Mailing Address:

5555 NW ST JAMES DR
PSL, FL 34983 US

FEI Number: 65-0317305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCASKILL, RONALD
5555 NW ST JAMES DR
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCASKILL, RONALD
Address: 5555 NW ST JAMES DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD () Delete
Name: MCCASKILL, LINDA
Address: 5555 NW ST JAMES DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: STD () Delete
Name: HOOD, LYNN
Address: 6640 S. US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: MCCUTCHEN, JOE
Address: 6640 S. US 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: DOGGETI, GERALD
Address: PO BOX 608091
City-St-Zip: ORLANDO, FL 32860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: HOOD, LYNN
Address: 5300 MELVILLE RD
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Change () Addition
Name: MCCUTCHEN, JOE
Address: 5300 MELVILLE RD
City-St-Zip: FORT PIERCE, FL 34982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN HOOD

STD

02/08/2008

Electronic Signature of Signing Officer or Director

Date