

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002157

**FILED**  
**Jan 11, 2011**  
**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:**

5555 NW ST JAMES DR  
PSL, FL 34983 US

**New Mailing Address:**

**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  
**Name:** MCCASKILL, RONALD  
**Address:** 5555 NW ST JAMES DR  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983

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

**Title:** STD  
**Name:** HOOD, LYNN  
**Address:** 5555 NW ST JAMES DRIVE  
**City-St-Zip:** PORT ST LUCIE, FL 34983

**Title:** D  
**Name:** MCCUTCHEN, JOE  
**Address:** 5555 NW ST JAMES DRIVE  
**City-St-Zip:** PORT ST LUCIE, FL 34983

**Title:** D  
**Name:** DOGGETT, GERALD  
**Address:** PO BOX 608091  
**City-St-Zip:** ORLANDO, FL 32860

I hereby 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 all other like empowered.

**SIGNATURE:** RONALD MCCASKILL

PD

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date