


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002745**

1. Entity Name  
**NEW LIFE MINISTRIES WORLD OUTREACH CENTER, INC.**



Principal Place of Business <b>4900 DONOVAN STREET          ORLANDO, FL 32808 US</b>	Mailing Address <b>PO BOX 680695          ORLANDO, FL 32868-0695 US</b>
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>27-0058839</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**DJUAN, IRVIN A  
 7116 CORAL COVE DR  
 ORLANDO, FL 32818**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$81.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000384512  
 01/17/06-80016-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT IRVIN, DJUAN A 7116 CORAL COVE DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, CALVIN 6132 GLENN BARR AVE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD IRVIN, GWENDOLYN 7116 CORAL COVE DR. ORLANDO, FL 32818
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:** *Gwendolyn Irvin* Vice-President **1-9-06 (407)291-8877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #