2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2007 08:00 AM DOCUMENT # N94000002541 **Secretary of State** NEW LIFE CHRISTIAN CENTER CHURCH, INC Principal Place of Business Mailing Address SIXTH STREET P. O. BOX 647 PORT SAINT JOE FL 32456 PORT ST. JOE FL 32456 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3210378 Not Applicat Country Zip Zip Country \$8.75 Additional 5. Cortificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENKINS, JOHNNY JR Street Address (P.O. Box Number is Not Acceptable) 116 BROAD ST. PORT ST. JOE FL 32456 City Zip Codo 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 access the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 11111 DP Delete me ☐ Change NAM JENKINS, JOHNNY JR NAMI U00000617072 STREET ADDRESS SHIFT LAGRESS 02/07/07-80060-017 61.25 116 BROAD ST. CITY SI 7IP CHY ST AP PORT ST JOE FL 32456 HILL ☐ Delete ☐ Change □ A.:." 11111 MAMI JENKINS, SHIRLEY NAME STREET ADDRESS STRUCT ADDRESS 116 BROAD ST. CITY-ST ZIP CITY-ST-ZIP PORT ST JOE FL 32456 11111 ☐ Delete 11111 Change ΠA'... NAME NAME FIELDS, BOBBY L JR STREET ADDRESS STREET ADDRESS 157 SPRINGTIME ST CITY ST 7IP CHY SEAP WEWAHITCHKA FL 32465 11118 ☐ Delete 11111 Change □ A. NAMI NAME FIELDS, MICHELLE STREET ADDRESS STREET LADDRESS 157 SPRINGTIME ST CHY SI ZIP CHY-SI-ZP WEWAHITCHKA FL 32465 ☐ Change Delete □ A HHE RIGH NAME NAME STREET ADDRESS SHULLADDUCSS CITY ST 789 CITY-ST ZIP IIII ☐ Delete ☐ Change □ * ' · 11111 NAM NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY SI-71P

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the informatic 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 eath; that I am an officer or direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Whichelle Fields 1-24-07 (859) (39-92)