## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 20, 2006 08:00 AM DOCUMENT # N94000004383 **Secretary of State** 1. Entity Name NEW LIFE CHURCH OF THE LIVING GOD INCORPORATED Mailing Address Principal Place of Business 325 N W 19TH CT 325 NW 19TH CT POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 65-0534197 Not Applicable Country \$8.75 Additional Źιο Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, GLORIA A Street Address (P.O. Box Number is Not Acceptable) 325 N.W. 19 COURT POMPANO BEACH FL 33060 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61,25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees . - Due By May 1, 2006 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 🔲 Oclete ☐ Change ☐ Addition TITLE TUTLE YOUNG, GLORIA NAME NAME U00000047574**S** STREET ADDRESS 325 NW 19TH CT STREET ADDRESS 04/05/06-80028-005 70.00 POMPANO BEAHC FL 33060 CATY-ST-ZIP CITY-ST-ZIP 'n Addition TITLE ☐ Delete TITLE Change NAME GRAHAM, DERRA NAME 325 NW 19TH CT STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP City-ST-ZIP TITLE Delete DYLE Change SANFORD, PATRICIA NAME NAME STREET NOORESS STREET ADDRESS 337 NW 19TH CT POMPANO BEACH FL 33060 CRY-ST-ZIP CITY-ST-719 ☐ Addition TITLE □ Defete TITLE ☐ Change GRAHAM, PHILIP M NAME NAME STREET ADDRESS 5120 NE 8TH AVE. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP ☐ Defete TITLE ☐ Chance ☐ Addition TOTLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 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 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.

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