


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

FILED
Mar 08, 2006 8:00 am
Secretary of State

02-20-2006 90054 026 ****70.00

DOCUMENT # N95000000321					
1. Entity Name CHURCH OF GOD LIFE CENTER INC.					
Principal Place of Business 4587 FIRST STREET GRANT FL 32949 US			Mailing Address 353 KREFELD RD. NW PALM BAY FL 32907 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3597165	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLAS, SIDNEY 353 KREFELD RD. NW PALM BAY FL 32907			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
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 _____ <small>Signature, typed or printed (some of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOUGLAS, SIDNEY PASTOR		NAME		
STREET ADDRESS	353 KREFELD RD. N.W.		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTERS, WINNIFRED		NAME		
STREET ADDRESS	481 RILEY R AVE NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALINTINE, MICHAEL		NAME		
STREET ADDRESS	520 MALABAR ROAD SW		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32907		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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.					
SIGNATURE <i>Sidney Douglas</i>			OFFICER		Date <i>3/3/2006</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Daytime Phone #





ATTACHMENT
66004261

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

CHURCH OF GOD LIFE CENTER INC.
353 KREFELD RD. NW
PALM BAY, FL 32907 US

Subject: CHURCH OF GOD LIFE CENTER INC.

Reference Number: N9500000321

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION

~~to~~ Ladies & Gentlemen:
See attach Documents
duly Sign. as requested.
Sidney Douglas, President

P.O. BOX 6327 - Tallahassee, Florida 32314