

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

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90045 006 \*\*\*\*61.25

**DOCUMENT # N95000001110**

1. Entity Name

**CHRISTIAN LIFE FELLOWSHIP ASSEMBLY OF GOD OF  
NEWBERRY, FLORIDA, INC.**



Principal Place of Business

19817 W NEWBERRY RD  
NEWBERRY FL 32669

Mailing Address

P O BOX 1607  
NEWBERRY FL 32669

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3187782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FULTON, TERRY L**  
**19817 W NEWBERRY RD**  
**NEWBERRY FL 32669**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FULTON, TERRY L	
STREET ADDRESS	19817 W NEWBERRY RD	
CITY - ST - ZIP	NEWBERRY FL 32669	
TITLE	AP	<input checked="" type="checkbox"/> Delete
NAME	BECKER, JOE	
STREET ADDRESS	4789 SE CR 337	
CITY - ST - ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, DEREK	
STREET ADDRESS	17924 SW 67 AVENUE	
CITY - ST - ZIP	ARCHER FL 32618	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NANTZ, DAVE	
STREET ADDRESS	PO BOX 593	
CITY - ST - ZIP	ALACHUA FL 32616	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, DENNIS	
STREET ADDRESS	9919 NW 240 TERR	
CITY - ST - ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREW WILLIAMS	
STREET ADDRESS	1413 SW 170 STREET	
CITY - ST - ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Terry L Fulton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-07 532-472-5433

Date

Daytime Phone #