

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000481

FILED
Mar 10, 2005
Secretary of State

Entity Name: NEW LIFE TABERNACLE OF KEY WEST, FLORIDA, INC.

Current Principal Place of Business:

719 PRADO CIRCLE, BIG COPPITT
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2813
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0323276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, WILLIAM JR
25 HILTON HAVEN DR
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARNOLD, WILLIAM JR
Address: 25 HILTON HAVEN DR
City-St-Zip: KEY WEST, FL 33040

Title: STD () Delete
Name: ARNOLD, ROSE V
Address: 1601 WASHINGTON STREET REAR
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: CHARLES, ARNOLD W
Address: 25 HILTON HAVEN DR.
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CANTEBURY, JASON
Address: ROOSEVELT GARDENS
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ARNOLD

PD

03/10/2005

Electronic Signature of Signing Officer or Director

Date