

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N9600002544 1. Entity Name NEW LIFE SOUND, INC.	
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Principal Place of Business 5125 MELDON CIRCLE SARASOTA, FL 34232	Mailing Address 5125 MELDON CIRCLE SARASOTA, FL 34232
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05292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0661873	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHENK, MILTON B 5125 MELDON CIR. SARASOTA, FL 34232

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BEACHY, EARL 3427 CAMBRIDGE DRIVE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHENK, MILTON 5125 MELDON CIR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWMAN, DOROTHY 2705 BAY STREET SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KENNELL, EMANUEL 4462 BEACON DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRABER, DOUGLAS 1947 ROLLING GREEN CIR. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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06/03/05-80006-012 70.110

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **MILTON B. SHENK, PRES.** **5/29/05** **941-374-6238**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #