

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

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000002544

1. Entity Name

NEW LIFE SOUND, INC.



Principal Place of Business

5125 MELDON CIRCLE
SARASOTA FL 34232

Mailing Address

5125 MELDON CIRCLE
SARASOTA FL 34232



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0661873

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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 recording)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

100000424316
04/11/06 00000-019 70.00

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:

Milton Sherk MILTON SHENK PRES 3/25/06 941-374-6738