

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90002 037 ****70.00

DOCUMENT # N96000006455					
1. Entity Name NEW LIFE EVANGELISTIC CENTER, INCORPORATED					
Principal Place of Business 2016 ANNISTON ROAD JACKSONVILLE, FL 32246			Mailing Address 2016 ANNISTON ROAD JACKSONVILLE, FL 32246		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3447540	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEWIS, CHRISTOPHER J 2016 ANNISTON ROAD JACKSONVILLE, FL 32246				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 DP	NAME RICHARDSON, ANTONIO C		<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME 2016 Anniston Road
STREET ADDRESS 8467 PERKINS COURT	JACKSONVILLE, FL 32221		STREET ADDRESS JACKSONVILLE, FL 32246	JACKSONVILLE, FL 32246	
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE D	NAME GIBSON, ROBIN		<input checked="" type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS 1541 KINGFISHER LANE N	JACKSONVILLE, FL 32218		STREET ADDRESS	2016 Anniston Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE D	NAME LEWIS, CHRISTOPHER		<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS 2836 W 6TH STREET	JACKSONVILLE, FL 32209		STREET ADDRESS	2016 Anniston Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE D	NAME RICHARDSON, CYNTHIA M		<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS 8467 PERKINS COURT	JACKSONVILLE, FL 32221		STREET ADDRESS	2016 Anniston Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	JACKSONVILLE, Florida 32246	
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		2016 Anniston Road		
STREET ADDRESS	JACKSONVILLE, FL 32246		JACKSONVILLE, Florida 32246		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		JACKSONVILLE, Florida 32246		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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>Christopher J. Lewis</i>			01/26/06 (904) 425-3787		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		