

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003327

FILED  
Feb 24, 2005  
Secretary of State

**Entity Name:** NEW LIFE FAMILY CHURCH OF MARIANNA, FLORIDA, INC.

**Current Principal Place of Business:**

4028 LAFAYETTE ST.  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

4028 LAFAYETTE ST.  
MARIANNA, FL 32446

**New Mailing Address:**

**FEI Number:** 59-3212360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WARD, JEFF  
4028 LAFAYETTE ST.  
MARIANNA, FL 32446 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: DP ( ) Delete  
Name: WARD, JEFF  
Address: 2951 MONEYHAM RD.  
City-St-Zip: MARIANNA, FL 32448

Title: ED ( ) Delete  
Name: WARD, SANDRA  
Address: 2951 MONEYHAM RD.  
City-St-Zip: MARIANNA, FL 32448

Title: ED ( ) Delete  
Name: SPATARO, CARL  
Address: 2669 CHOCTAW TRAIL  
City-St-Zip: MARIANNA, FL 32446

Title: ED ( ) Delete  
Name: GREEN, DAVID  
Address: 2927 DOGWOOD DR.  
City-St-Zip: MARIANNA, FL 32446

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

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: JEFF WARD

DP

02/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date