

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

04-04-2007 90184 011 ****70.00

DOCUMENT # N97000003526					
1. Entity Name NEW LIFE FULL GOSPEL CHURCH OF CHRIST INC.					
Principal Place of Business 10114 N NEBRASKA AVE B TAMPA FL 33614			Mailing Address 1140 W. LASALLE ST TAMPA FL 33607		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3414318 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THORNTON, IRA 10114 N NEBRASKA AVE TAMPA FL 33614			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 resigning.) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	THORNTON, IRA S		NAME		
STREET ADDRESS	1140 W. LASALLE ST		STREET ADDRESS		
CITY- ST- ZIP	TAMPA FL 33607		CITY- ST- ZIP		
TITLE	D ☒ Delete		TITLE	☐ Change ☒ Addition	
NAME	SHANNON, SR, EDDIE		NAME	Joseph Mitchell	
STREET ADDRESS	PO BOX 311351		STREET ADDRESS	9303 Laurel Lodge Drive Riverview, FL 33509	
CITY- ST- ZIP	TAMPA FL 33680		CITY- ST- ZIP		
TITLE	D ☒ Delete		TITLE	☐ Change ☒ Addition	
NAME	NEAL, KATHARIS R		NAME	Nellene Hardnett	
STREET ADDRESS	2628 15TH AV. SO.		STREET ADDRESS	3101 N 29th St	
CITY- ST- ZIP	SAINT PETERSBURG FL 33712		CITY- ST- ZIP	Tampa, FL 33605	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <u>Ira Thornton SR. 4-24-07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					