

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001067

FILED
Jul 22, 2006
Secretary of State

Entity Name: NEW LIFE INDEPENDENT CHURCH CORP.

Current Principal Place of Business:

PO BOX 814
WILLISTON, FL 33325

New Principal Place of Business:

Current Mailing Address:

PO BOX 814
WILLISTON, FL 33325

New Mailing Address:

FEI Number: 59-3510033 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PAULA, JEANWEST
113275 N. HWY 27
OCALA, FL 34476 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: DD () Delete
Name: TERERA, C
Address: PO BOX 814 AVE.
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: JEANWEST, PAULA
Address: PO BOX 814 AVE.
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: ANDERSON, S
Address: PO BOX 814 AVE.
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: ANTHONYPERERA, D
Address: PO BOX 814
City-St-Zip: WILLISTON, FL 32696

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: D (X) Change () Addition
Name: ANTHONERERA, D
Address: PO BOX 814
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANDERSON S

D

07/22/2006

Electronic Signature of Signing Officer or Director

Date