2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N98000002854

Entity Name: THE NEW PALM RIVER CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

1304 S. 58TH ST.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

1416 HOLLEMAN DR
VALRICO, FL 33594

New Mailing Address:

FEI Number: 38-3693330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOWLER, WILLIE L JR.
1416 HOLLEMAN DRIVE
VALRICO, FL 33594 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:	FOWLER, WILLIE L JR.	
Address:	1416 HOLLEMAN DRIVE	
City-St-Zip:	VALRICO, FL 33594	
Title:	DV	( ) Delete
Name:	STREET, GEORGE	
Address:	8530 FISH LAKE	
City-St-Zip:	TAMPA, FL 33619	
Title:	DV	( ) Delete
Name:	JORDEN, DONALD	
Address:	12022 JACKSON RD.	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	D	( ) Delete
Name:	JORDEN, TATANISHA	
Address:	12022 JACKSON RD.	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	D	( ) Delete
Name:	STEPHENS, EUGENE	
Address:	7007 FLINT DRIVE	
City-St-Zip:	TAMPA, FL 33619	
Title:	D	( ) Delete
Name:	WILLIS, CLYDEANA	
Address:	1518 KIRTLEY DRIVE	
City-St-Zip:	TAMPA, FL 33511	

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:	
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 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: WILLIE L. FOWLER DP 04/18/2006

Electronic Signature of Signing Officer or Director — Date