

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003803

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** NEW LIFE ASSEMBLY OF GOD OF VENICE, FLORIDA, INC.

**Current Principal Place of Business:**

2119 SO. TAMIAMI TR.  
VENICE, FL 342935011

**New Principal Place of Business:**

**Current Mailing Address:**

2119 SO. TAMIAMI TR.  
VENICE, FL 342935011

**New Mailing Address:**

**FEI Number:** 65-0634171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURT, RANDOLPH E REV.  
547 FLAMINGO ROAD  
VENICE, FL 34293 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: D ( ) Delete  
Name: SPERBECK, FRED  
Address: 5030 WHITESTONE DRIVE  
City-St-Zip: VENICE, FL 34293

Title: D ( ) Delete  
Name: COLBY, NANCY  
Address: 5007 KINGSMAN AVE.  
City-St-Zip: NORTH PORT, FL 34288

Title: D ( ) Delete  
Name: BURT, RANDOLPH E REV.  
Address: 547 FLAMINGO ROAD  
City-St-Zip: VENICE, FL 34293

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: LAMON, JOHN  
Address: 232 RIGEL ROAD  
City-St-Zip: VENICE, FL 34293

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: RANDOLPH E BURT

D

04/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date