

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004907

FILED
Apr 04, 2006
Secretary of State

Entity Name: NEW COMMUNITY BAPTIST CHURCH, INC.

Current Principal Place of Business:

1253 PLEASANT HILL ELEMENTARY
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 421568
KISSIMMEE, FL 34742

New Mailing Address:

FEI Number: 59-3542900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, CHARLES
18130 APSHAWA RD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

MILAM, ARCENA
2449 SABLE DRIVE
KISSIMMEE, FL 34744 US

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: ARCENA MILAM

04/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OWEN, PAUL
Address: 4700 OREN BROWN
City-St-Zip: KISSIMMEE, FL 34742

Title: D () Delete
Name: LYONS, DANIEL
Address: 970 FLORIDA PARKWAY
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: DELONG, MICHAEL
Address: 716 VERONA STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: TT () Delete
Name: GARRETT, LISA I
Address: 1510 WYMAN CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: ST () Delete
Name: RUTH, BETTY
Address: 1212 SUZETTE DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Delete
Name: GARRETT, CHARLES E
Address: 1510 WYMAN CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MADDOX, DONNIE
Address: 423 E. DRURY AVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Change () Addition
Name: SAHMEL, JENNIFER
Address: 3433 HAWKIN DRIVE
City-St-Zip: KISSIMMEE, FL 34746

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

Title: TT (X) Change () Addition
Name: TORRES, JASON I
Address: 1433 MONA DRIVE
City-St-Zip: KISSIMMEE, FL 34744

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: MICHAEL DELONG

D

04/04/2006

Electronic Signature of Signing Officer or Director

Date