

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90309 008 ****70.00

DOCUMENT # N99000002142 1. Entity Name NEW ATTITUDE IN CHRIST JESUS, INC.					
Principal Place of Business P.O. BOX 8431 SOUTHPORT, FL 32409			Mailing Address P.O. BOX 8431 SOUTHPORT, FL 32409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3567815				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILTON, ROSS H JR. 4004 STILLWATER DR. CHIPLEY, FL 32428			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HILTON, ROSS H JR.		NAME		
STREET ADDRESS	4004 STILLWATER DR.		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	D ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	NEWELL, JEFFERY A		NAME		
STREET ADDRESS	7608 HWY 2302		STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, FL 32409		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	Officer ☒ Change ☐ Addition	
NAME	SHOOTS, DONALD W.		NAME		
STREET ADDRESS	5402 WHITNEY RD.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32406		CITY-ST-ZIP		
TITLE	D ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	PETTIS, DALLAS M		NAME		
STREET ADDRESS	2822 RIVER RD.		STREET ADDRESS		
CITY-ST-ZIP	VERNON, FL 32462		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	Officer ☒ Change ☐ Addition	
NAME	GREENE, TERAH A		NAME		
STREET ADDRESS	3957 VISTULA DR.		STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY, FL 32428		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	Officer Michael B McFatter		NAME		
STREET ADDRESS	2302 Pentland Rd		STREET ADDRESS		
CITY-ST-ZIP	Cynn Haven, FL 32444		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Ross H. Hilton</i>			4/14/05 850-773-2125		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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