

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003183

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** NEW LIFE CHURCH OF NAZARENE INC.

**Current Principal Place of Business:**

4513 CRAWFORDVILLE ROAD  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

4513 CRAWFORDVILLE ROAD  
TALLAHASSEE, FL 323305

**Current Mailing Address:**

4513 CRAWFORDVILLE ROAD  
TALLAHASSEE, FL 32310

**New Mailing Address:**

4513 CRAWFORDVILLE ROAD  
TALLAHASSEE, FL 32305

**FEI Number:** 59-6543225      **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:**

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

ADAMS, LEONARD  
P O BOX 7559  
TALLAHASSEE, FL 32314      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ADAMS, LEONARD  
Address: P O BOX 7559  
City-St-Zip: TALLAHASSEE, FL 32314

Title: T      ( ) Delete  
Name: BENNETT, STANLEY  
Address: 4509 CRAWFORDVILLE RD.  
City-St-Zip: TALLAHASSEE, FL 32310

Title: T      ( ) Delete  
Name: GRICE, JONNY  
Address: P.O. BOX 10232  
City-St-Zip: TALLAHASSEE, FL 32308

**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:

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: LEONARD ADAMS

D

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date