

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004629

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** NEW LIFE COMMUNITY UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

10696-14 LEM TURNER ROAD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

10696-14 LEM TURNER ROAD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 59-3488486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JORDAN, VANETTA  
10696-14 LEM TURNER ROAD  
JACKSONVILLE, FL 32218 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: T ( ) Delete  
Name: WILLIAMS, JAKE SR  
Address: 5131 FOXBORO ROAD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete  
Name: BLUE, KARON  
Address: 8910 ADAMS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VT ( ) Delete  
Name: WILLIAMS, SPADE  
Address: 3286 WEST EDGEWOOD AVE  
City-St-Zip: JACKSONVILLE, FL 32209

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

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

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

Title: VT (X) Change ( ) Addition  
Name: VIRGIL, TERRI  
Address: 11555 BIRCH FOREST CIR W  
City-St-Zip: JACKSONVILLE, FL 32218

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: CEDRIC LEWIS

D

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date