2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004629

FILED Mar 27, 2006 Secretary of State

Entity Name: NEW LIFE COMMUNITY UNITED METHODIST CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 10696-14 LEM TURNER ROAD 11100 WINGATE ROAD JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 **Current Mailing Address: New Mailing Address:** 10696-14 LEM TURNER ROAD 11100 WINGATE ROAD JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 FEI Number: 59-3488486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORDAN, VANETTA JORDAN, VANETTA 10696-14 LEM TURNER ROAD 11100 WINGATE ROAD JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218 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: VANETTA JORDAN 03/27/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WILLIAMS, JAKE SR Name: Name: Address: 5131 FOXBORO ROAD Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BLUE, KARON Name: Address: 8910 ADAMS AVENUE Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: () Change () Addition VIRGIL, TERRI Name: Name: 11555 BIRCH FOREST CIR W Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 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: CEDRIC LEWIS DR 03/27/2006