


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005434

1. Entity Name
LIFELINE COMMUNITY CHURCH INC. OF CENTRAL FLORIDA



Principal Place of Business 15096 NW 25A REDDICK, FL 32686	Mailing Address P O BOX 100 REDDICK, FL 32686
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DO NOT WRITE IN THIS SPACE



04082008 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3748404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COLLINS, WENDELL DEC
 501 W HWY 318
 CITRA, FL 32113**

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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: *Wendell Collins* (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKINON, JAMES L 18047 N.W. 37TH TERRACE P O BOX 87 REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, WENDELL 501 W HWY 318 CITRA, FL 32113
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 05/06/06-80133-019 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *James L. McKinon* 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #