

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005543

FILED
Jun 15, 2005
Secretary of State

Entity Name: NEW LIFE WORSHIP CENTER: INTERNATIONAL INC.

Current Principal Place of Business:

819 N. CENTRAL AVENUE
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

819 N. CENTRAL AVENUE
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3305246 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

WOLLISTON, ALVIN
1831 LEE JENZEN
KISSIMMEE, FL 34744 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: PD () Delete
Name: WOLLISTON, ALVIN
Address: 1831 LEE JENZEN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD () Delete
Name: WOLLISTON, BARBARA
Address: 1831 LEE JENZEN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: THOMAS, DELORIS
Address: 2211 PONTINA COURT APT#M
City-St-Zip: KISSIMMEE, FL 34741

Title: T () Delete
Name: HARRISON, GARVIN
Address: 11742 WINSTON WAY
City-St-Zip: ORLANDO, FL 32824

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:

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 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: ALVIN WOLLISTON

PD

06/15/2005

Electronic Signature of Signing Officer or Director

Date