

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAY 27 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007011

1. Entity Name
NEW SONG COMMUNITY CHURCH, INC.



Principal Place of Business
272 TORPOINT GATE RD.
LONGWOOD, FL 32779

Mailing Address
272 TORPOINT GATE ROAD
LONGWOOD, FL 32779



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3616534

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOAG, JASON
894 LICARIA DR.
OCOE, FL 34761

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HOAG, JASON
STREET ADDRESS 894 LICARIA DR.
CITY - ST - ZIP OCOEE, FL 34761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VICE PRESIDENT
NAME ANDREA HOAG
STREET ADDRESS 894 LICARIA DR
CITY - ST - ZIP OCOEE FL 34761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE SEC - TREASURER
NAME PAUL J. TRILWYER
STREET ADDRESS 272 TORPOINT GATE
CITY - ST - ZIP LONGWOOD FL 32779

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/04

321 356 7089

Date

Daytime Phone #