

FILE NOW: FILING FEE IS \$61.25

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May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746334** (2)

1. Corporation Name

NEW LIFE CHRISTIAN CENTER, INC.



Principal Place of Business	Mailing Address
10205 US HWY #1 PO BOX 780405 SEBASTIAN FL 32978	10205 US HWY #1 PO BOX 780405 SEBASTIAN FL 32978-0405

3. Date Incorporated or Qualified 03/20/1979	3a. Date of Last Report 04/16/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2255136	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POOLE, GENE 1805 SW 15TH STREET VERO BEACH FL 32962	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, GENE	1.2 NAME	
STREET ADDRESS	1805 SW 15TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADSWORTH, KELLY	2.2 NAME	WADSWORTH, KELLY
STREET ADDRESS	2585 88TH AVE	2.3 STREET ADDRESS	2585 88th Ave.
CITY - ST - ZIP	VERO BEACH FL	2.4 CITY - ST - ZIP	VERO BEACH FL
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, RICK	3.2 NAME	
STREET ADDRESS	415 37TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LARRY YOUNG
STREET ADDRESS		4.3 STREET ADDRESS	8295 101 ST AVE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	SEBASTIAN FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RICK FOSTER** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97 561-589-3185
Date Daytime Phone # 0021088

CR2E037 (9/96)