

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755009 (8)
1. Corporation Name
NEW LIFE ASSEMBLY OF GOD OF LEHIGH ACRES, FLORIDA, INC.



Principal Place of Business Mailing Address
**507 SUNSHINE BLVD.
LEHIGH FL 33971
US** **507 SUNSHINE BLVD.
LEHIGH FL 33971
US**

3. Date Incorporated or Qualified **11/05/1980** 3a. Date of Last Report **07/11/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2126484	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24			29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BASCHIERI, JOHN R. 302 LAKE AVE. LEHIGH FL 33936		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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASCHIERI, JOHN	1.2 NAME	
STREET ADDRESS	302 N LAKE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JOSEPH	2.2 NAME	
STREET ADDRESS	3420 LEE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DAVID	3.2 NAME	
STREET ADDRESS	401 N. MAPLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, JAMES	4.2 NAME	
STREET ADDRESS	418 CLAYTON	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, STANLEY	5.2 NAME	
STREET ADDRESS	409 LAKE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTENO, SILVANO	6.2 NAME	
STREET ADDRESS	3102 SW 13TH ST	6.3 STREET ADDRESS	700001859687
CITY-ST-ZIP	LEHIGH FL	6.4 CITY-ST-ZIP	-06/12/96--01043--023

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ Date: **4-26-96** Daytime Phone #: **641-369-6147**

CR2E037 (12/95)