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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33971-1422 US

3. Date Incorporated or Qualified 11/05/1980
3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2126484	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>
25			30				

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

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

(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	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASCHIERI, JOHN	1.2 NAME	Ivan Cooper
STREET ADDRESS	302 N LAKE AVE.	1.3 STREET ADDRESS	312 SE 27th St.
CITY-ST-ZIP	LEHIGH FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33904
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	
CITY-ST-ZIP	LEHIGH FL	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:

John R. Baschieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-97 941-369-6147

CR2E037 (9/96)