


FILED
Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755009

1. Corporation Name
NEW LIFE ASSEMBLY OF GOD OF LEHIGH ACRES, FLORIDA A, INC.



Principal Place of Business 507 SUNSHINE BLVD. LEHIGH FL 33971 US	Mailing Address 507 SUNSHINE BLVD. LEHIGH FL 33971 US
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2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/05/1980	4. FEI Number 59-2126484	Applied For Not Applicable
8. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

8. Name and Address of Current Registered Agent BASCHIERI, JOHN R. 302 LAKE AVE. LEHIGH FL 33938	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOPER, IVAN		1.2 NAME Boggs, James	
STREET ADDRESS 312 SE 27TH ST		1.3 STREET ADDRESS 418 Clayton	
CITY, ST, ZIP CAPE CORAL FL 33904		1.4 CITY, ST, ZIP Lehigh FL 33936	
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 checked="" 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 checked="" 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 checked="" 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	<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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 2-26-99

CR2E037 (11/98)