FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759269 (4)

1. Corporation Name

NEW LIFE FELLOWSHIP ASSEMBLIES OF GOD CHURCH, IN CORPORATED

Principal Place of Business	Mailing Address
8450 HWY 97 P.O BOX 56 WALNUT HILL FL 32568	8450 HWY 97 P.O BOX 56 WALNUT HILL FL 32568

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1981
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2241293 — Applied For / Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired [X] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

STOKES, BENNIE
8450 HWY 97
WALNUT HILL FL 32568

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Rev. Bennie Stokes President/Pastor — 05/01/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STOKES, BENNIE
STREET ADDRESS	ROUTE 1, BOX 104
CITY ST ZIP	WALNUT HILL FL
TITLE	VD
NAME	GRAHAM, HERMAN
STREET ADDRESS	6101 ARTHUR BROWN ROAD
CITY ST ZIP	WALNUT HILL FL
TITLE	TD
NAME	FLOWERS, RUBY
STREET ADDRESS	8130 PINE FOREST ROAD
CITY ST ZIP	WALNUT HILL FL
TITLE	S
NAME	THOMPSON, BRENDA
STREET ADDRESS	11009 HWY 97
CITY ST ZIP	WALNUT HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP		[ ] Change [ ] Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP		[ ] Change [ ] Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		[ ] Change [ ] Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		[ ] Change [ ] Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		[ ] Change [ ] Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		[ ] Change [ ] Addition

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)(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: Rev. Bennie Stokes — 05/01/95 — 904-327-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073231