

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 762825 (8)**

1. Corporation Name  
**NEW LIFE WORSHIP CENTER, INC. OF ORLANDO, FLORID A**



Principal Place of Business 8992 CONROY-WINDERMERE RD (ORLANDO, FL) P.O. BOX 1259 WINDERMERE FL 34786	Mailing Address 8992 CONROY-WINDERMERE RD (ORLANDO, FL) P.O. BOX 1259 WINDERMERE FL 34786
--	--

3. Date Incorporated or Qualified <b>04/09/1982</b>	3a. Date of Last Report <b>02/10/1995</b>
--	--

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

4. FEI Number <b>59-2315131</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  SAVOIE, BASIL K. 7727 CARRICK COURT ORLANDO FL 32811				10. Name and Address of New Registered Agent 81 Name <b>SAVOIE, BASIL K.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1049 AMERICAN BEAUTY ST.</b> 83 <b>ORLANDO, FL.</b> 84 City <b>ORLANDO</b> <b>FL</b> 85 Zip Code <b>32818</b>			
---	--	--	--	---	--	--	--

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 *Basil K. Savoie* **BASIL K. SAVOIE** *PASTOR/Pres. & Director* **2/14/96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAVOIE, BASIL K.</b>	
STREET ADDRESS	<b>7727 CARRICK COURT</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>LYNCH, J. EDWARD</b>	
STREET ADDRESS	<b>16216 LK JOHNS CIRCLE</b>	
CITY - ST - ZIP	<b>WINTER GARDEN FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>PARSONS, ERNESTINE</b>	
STREET ADDRESS	<b>253 OVERLOOK DRIVE</b>	
CITY - ST - ZIP	<b>CLERMONT FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>1049 AMERICAN BEAUTY ST.</b>		
1.4 CITY - ST - ZIP	<b>ORLANDO, FL. 32818</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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, or on an attachment with an address.

SIGNATURE: *Rev. Basil K. Savoie* **2/14/96** **407-876-4664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)