FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 14 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20179 (0)

1. Corporation Name
NEW LIFE CHRISTIAN CENTER OF CRYSTAL RIVER, INC.

Principal Place of Business	Mailing Address
N. HWY 19 (BEHIND HAYES MOTEL) P.O. BOX 2767 CRYSTAL RIVER FL 34423 US	N. HWY 19 (BEHIND HAYES MOTEL) P.O. BOX 2767 CRYSTAL RIVER FL 34423 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1987
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2773295 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $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

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

9. Name and Address of Current Registered Agent

DUPREE, JIMMY D.
1151 NW SUNCOAST BLVD.
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name: James W Murray
82 Street Address (P.O. Box Number is Not Acceptable): 200 NE 11th St
83: PO Box 2767
84 City: Crystal River FL 85 Zip Code: 34428

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: James W. Murray, Director and Pastor — DATE: 2-9-95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DUPREE, JIMMY D.	1.2 NAME	
STREET ADDRESS	1151 NW SUNCOAST BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	DUPREE, CYNTHIA A.	2.2 NAME	
STREET ADDRESS	1151 NW SUNCOAST BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, NORVEL L.	3.2 NAME	
STREET ADDRESS	155 S. OCOEE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D ☐ Change [X] Addition
NAME		4.2 NAME	Murray, James W.
STREET ADDRESS		4.3 STREET ADDRESS	200 NE 11th St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Crystal River, Fl 34428
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: X Jimmy DuPree, President/Director — 2/9/95 — 904-795-1324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004012