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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34423-2767 US

3. Date Incorporated or Qualified: 04/16/1987
3a. Date of Last Report: 03/08/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MURRAY, JAMES W.
200 NE 11TH STREET
PO BOX 2767
CRYSTAL RIVER FL 34428

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 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	PD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, JAMES W		4.2 NAME		
STREET ADDRESS	200 NE 11T ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER FL 34428		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: _____ JAMES W. MURRAY 4-3-97 (352)795-1394