NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N20179

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 N. HWY 19 (BEHIND HAYES MOTEL) P.O. BOX 2767 CRYSTAL RIVER FL 34423

US

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90003 041 \*\*\*\*61.25

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<ol><li>Principal P</li></ol>	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		
21 1151 N	1.W. Hwy, 19	26		04/16/1987		
Suite, Apt.		Suite, Apt. #, etc.	.=	4. FEI Number	App	lied For
22 (Behin	d Hayes Motel)	27		59-2773295	Not	Applicable
City & Stat	al River, Florida	City & State		5. Certifcate of Status Desired	<b>\$8.75</b> Ad Fee Req	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 N	vlav Be
24 3443	13 25 USA	29 30	]	Trust Fund Contribution	Added to	
24 0 1 10	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registere	d Agent	
			81 Name 7	NA. 0 5 1		
OIDDA D	ADERT D		100 0 -100	DAVID B SININGER		
GIBBS, RO			82 Street Address (P.O. Box Number is Not Acceptable) 200 NE // 7H ST			
	L COURT		83			
P O BOX			<i>p.</i> c	o. Box 904		
	RIVER FL 34428			YSTAL RNEE F	L 85 Zip Ci	
11. Pursuant	to the provisions of Sections 617,0502	2 and 617.1508, Florida Statutes, f	the above-named co	orporation submits this statement for the purpose	of changing its r	egistered istered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was autho	onzed by the compor	ation's board of directors. I hereby accept the app	Continent as 189	iaidi en
	18 18 1	DAVIN A SININGER	$D_{i}$ //	SIAPIN 4LIR.	99	
SIGNATURE	Signature, typed or primed name of egistered agent		sistered Agent signature req			
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTOR	RS IN 12
TITLE	D	. DELETE	1.1 TITLE	ecretary-treasurer	Change	☐ Addition
NAME	HUMPHREY, DOUGLAS M		1.2 NAME 2	Douglas M. Humphrey,		
STREET ADDRESS	6485 W RIVERBEND RD	· ·	12 STOCET ADDDESS	6485 W. Riverbend Rd.		
	DUNNELLON FL 34433		1.4 CITY-ST-ZIP Z	Junnellon, FL 34433		
CITY-ST-ZIP		□ DELETE	2.1 TITLE	PASTOR - PRESIDENT	Change	Addition
	D DANGED DANGED	<u> 5</u>			<b>A</b> •	_
NAME	SININGER, DAVID B		2.2 NAME	DAVID B. SININGEL 200 NE IAN St		
STREET ADDRESS	•• ===:: =:::==:, " ==			CRYSTAL- RIVER F1 34428		
CITY-ST-ZIP	HOMOSASSA FL 34446 -		2. 4 CITY-ST-ZIP	CRYSTAT- RIVER FT STIES	☐ Change	Addition
TITLE	D \	☐ DELETE	3.1 TITLE			
NAME	HAYES, NORVEL L.	ŕ	3.2 NAME			
STREET ADDRESS	155 S. OCOEE ST.	1	3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEVELAND TN		3.4. CITY-ST-ZIP			
TILE	D .	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	GIBBS, ROBERT D		4. 2 NAME			
STREET ADDRESS	9902 W J L COURT		4.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL 34423		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	D	Change	Addition
NAME			5.2 NAME 1	Wright, Joel C.		
STREET ADDRESS			5.3 STREET ADDRESS *	7241 N. Tvanquil Dr.		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Wright, Joel C. 7241 N. Tvanquil Dr. Litrus Springs, FL 34433	) •	
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
\$ U-	!	<del>_</del> ·	6.2 NAME			
NAME	1		6.3 STREET ADDRESS			
STREET ADDRESS	1		6.4 CITY-ST-ZIP			
CITY_ST_7ID	1		V-7 VIII 1 21 20 1			

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4-15-99</u>

752-795-1324