


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 11 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35471 (4)
 1. Corporation Name
NEW LIFE BAPTIST CHURCH OF ST. AUGUSTINE, INC.



Principal Place of Business 346 VARELLA AVE ST. AUGUSTINE FL 32086 US	Mailing Address PO BOX 860342 ST. AUGUSTINE FL 32086 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1989	3a. Date of Last Report 02/12/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number 59-3012454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLETCHER, JOHN E
2921 NO VARELLA AVE
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MORELLI, FRANK
STREET ADDRESS	203 ARGONAUT RD
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RAKE, EDDIE
STREET ADDRESS	545 JOHN ST
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JORDAN, PHILIP E.
STREET ADDRESS	1805-A FOUR MILE RD.
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	FLETCHER, JOHN E
STREET ADDRESS	2921 NO VARELLA AVE
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FENNER, PAUL
STREET ADDRESS	743 PERIMETER PARK CIRCLE
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GEDRIS, BARRY
STREET ADDRESS	834 VISCAYA BLVD
CITY-ST-ZIP	ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LYNN HARRINGTON
1.3 STREET ADDRESS	291 HAWTHORNE
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E037 (4/97)

SIGNATURE _____ SIGNATURE REQUIRED RETURNING ORIGINALS TO THE SECRETARY OF STATE