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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N44431

NEW LIFE MISSIONARY BAPTIST CHURCH OF DAYTONA BE

ACH, I	NC.	or orionor or barro	MA DE			
Principal Place of Business		Mailing Address	Mailing Address)
1625 DERBYSHIRE RD HOLLY HILL FL 32117 US		1625 DERBYSHIRE RD HOLLYHILL FL 32117 US				
03		03			 Date Incorporated or Qualified 07/22/1991 	3a. Date of Last Report 05/01/1995
Principal Place of Business		2a. Mailing Address	2a. Mailing Address 26		4. FET Number 59-3080595	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc			Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stale		City & State	the state of the s		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ ₍ p	Country 30		8. This corporation has liability for	intangible tax under s. 199.032,
9. Name and Address of Current Registered Agent					Florida Statutes 10. Name and Address of New F	Yes No
		Tonk Hogistorius Algum	81	Name	To Hame and Address of Hote F	legistered Agent
GOODEI	N, VICTOR E.		82	Street Addr	ress (P.O. Box Number is Not Acceptab	ale)
1022 ALICE DRIVE DAYTONA BEACH FL 32117			83			
DATION	IA BEAUM FL 3211/					
			84	City		El 85 Zip Code
or register	o the provisions of Sections 617.05 ed agent, or both, in the State of Fi th, and accept the obligations of, Si	lorida. Such change was authori.	zed by the corp	arned corpor oration's boa	ration submits this statement for the pur rd of directors. Thereby accept the app	pose of changing its registered office ointment as registered agent. I am
SIGNATURE						
Signal (iii), typed or printed name of registered agent so 12. OFFICERS AND					1.whereus: aug) ADDITIONS/CHANGES TO OFF	DATE ICE DO AND DIDECTORS IN 19
TITLE ,	D	DELETE	1.1 711 (F	· ···-	ADDITIONS CLIMAGES TO OFF	Change Addition
NAME	WIGGINS, LILLIE		1.2 NAME			
STREET ADDRESS	1029 IMPERIAL DRIVE		1.3 STREAT ADDRESS			
CITY+ST-ZIP	DAYTONA BEACH FL		1.4 CiTY · ST - ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	SINGLETON, MAMIE		2.2 NAME			
STREET ADDRESS	1654 WIMBERLY CIRCLE DAYTONA BEACH FL 3211	7	2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	VD	DELETE	2 4 CITY - ST - ZIP DELETE 3 1 TITLE			Change Addition
NAME	HOLMES, JR., BENJAMIN		32 NAME			Course So C Moduling
STREET ADDRESS	1605 STOCKING ST		3.9 STREET ADDRESS			
CITY-ST-ZIP	DAYGONA BEAGUE		3.4 CITY+S	T · ZIP		
TITLE	D	DELETE	4 1 TITLE			Change Addition
NAME	BRADLEY, THEODORE		4 2 NAM :			
STREET ADDRESS	The street street		4.3 STREET	ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL		4.4 CITY - 5	[- Z f'		
TITLE	PD	DELETE	51 TITLE			Change
NAME	GOODEN, VICTOR		5.2 NAME			
STREET ADDRESS	11251 - 125		5 3 STREET			
CITY-ST-ZIP THILE	DAYTONA BCH FL 32117	DELETE	5.4 CITY - S	1 - ZIF		Change Daday
NAME	D LIDELETE SPELL, JOHN		61 THLE			Change Addition
STREET ADDRESS	541 COLFAX DRIVE		6.2 NAME	ADODLEC		
C-TY-ST-ZIP	DAYTONA BEACH FL		6.3 STREET			
	y certify that the information supplied	ed with this filma is voluntarily furn	ished and does		or the exemption stated in Section 119.	07(3)/k) Florida Stabiles I further

certify that the information indicated on this arrival 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 ordirector 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: LACK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF