SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44431

1. Corporation Name

NEW LIFE MISSIONARY BAPTIST CHURCH OF DAYTONA BE ACH, INC.

Principal Place of Business 1625 DERBYSHIRE RD HOLLY HILL FL 32117

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

1625 DERBYSHIRE RD HOLLY HILL FL 32117

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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L WEITT

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90002 030 ****61.25





Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

07/22/1991

59-3080595

4. FEI Number

| Zip | Country | Zip | zipCount | | 6. E | lection Campaign Financing | 1 1 | Added to Fees | |
|------------------------|--|--|---------------------------------------|--|---|---|--|----------------------|--|
| 4 | 25 | 29 | 30 | | | rust Fund Contribution | Added to | | |
| | 9. Name and Address of Current I | Registered Agent | | 10. Name and Address of New Registered Agent | | | | | |
| | | | | 81 Name | | | | | |
| GOODEN, VICTORIE | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1022 ALICE DRIVE | | | | | | | <u> </u> | | |
| DAYTONA BEACH FL 32117 | | | | 83 | | | | | |
| DATIO | 2 | | | 84 City | | | [85] Zip Co | nde | |
| | Err Mar Polit (1981) | | | | | | FL | | |
| Office OF | t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation | Florida, Such chanc | ie was authonzei | a by the corb | corporation s oration's boar | ubmits this statement for the d of directors. I hereby accept | purpose of changing its ret the appointment as regi | egistered istered | |
| SIGNATURE | Signature, typed or printed name of registered agent a | nd title if applicable. | (NOTE: Registered | Agent signature n | required when rein | stating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | | DITIONS/CHANGES TO OFF | ICERS AND DIRECTOR | RS IN 12 | |
| TITLE | D | ☐ DE | LETE 1.1 TI | TLE | | | ☐ Change | ☐ Addition | |
| NAME | WIGGINS, LILLIE | | 1.2 N | AME | | | | | |
| STREET ADDRES | ACCO MADEDIAL DONA | | 1.3 \$ | TREET ADDRESS | | | | | |
| | DAYTONA BEACH FL | | 14 C | ITY-ST-ZIP | 1 | | | | |
| CITY-ST-ZIP TITLE | SD | □ DE | | | | <u></u> | ☐ Change | ☐ Addition | |
| NAME | SINGLETON, MAMIE | | 2.2 N | AME : | } | | | | |
| | ACCA MINADEDLY CIDCLE | | | TREET ADDRESS |] | | | | |
| STREET ADDRES | DAYTONA BEACH FL 32117 | | | CITY-ST-ZIP | - | | | | |
| CITY-ST-ZIP | VD | | | | | | ☐ Change | Addition | |
| NAME | HOLMES, JR., BENJAMIN | _ | 3.2 N | AMF | İ | | | | |
| | ADDE OTOCIVINO OT | | - | TREET ADDRESS | | | | | |
| STREET ADDRES | DAYTONA BEACH FL | | | | | | | _ | |
| CITY-ST-ZIP | D DATTORA BEACTITE | (2/6E | | DITY-ST-ZIP | ח | | ☐ Change | D Addition | |
| TILE | BRADLEY, THEODORE | | | IAME (| Sta llina | Walter, Jr. Behalst. na Beach, FUSS | | - | |
| NAME | TEA MUSTE OTDEET | | | TREET ADDRESS | 935 | ischeel St. | , | | |
| STREET ADDRES | | | | IKEEI AUUKESS | Donto | na Beach, FLB | 2114 | | |
| CITY-ST-ZIP | DAYTONA BCH FL | □ DE | | | 324410 | 10-0 W 17 1 O | ☐ Change | Addition | |
| TITLE | PD SOOPEN MOTOR | | LETE 5.1 π 5.2 N | | | | | | |
| NAME | GOODEN, VICTOR | | | TREET ADDRESS | | | | | |
| STREET ADDRES | | | | TY-ST-ZIP | 1 | | | | |
| CITY-ST-ZIP | DAYTONA BCH FL 32117 | | | | | | Change | Addition | |
| TITLE | J. D. | | 62 N | | | | | | |
| NAME | SPELL, JOHN | | | | | | | | |
| STREET ADDRES | | | | TREET ADDRESS | | | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | | ITY-ST-ZIP | | 40.07(0\/) Planta District | 1 64h.o.z416 , 4h.o.t 4h - 1- | formation | |
| indicate officer o | certify that the information supplied with d on this annual report or supplemental a or director of the corporation or the receiv 2 or Block 13 if changed, or on an attach | innual report is true er or trustee empow | and accurate and ered to execute t | i mat my sign his report as | required by C | Chapter 617, Florida Statutes; | made under daut, mai i | ann an | |