

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002157 (6)

1. Corporation Name

NEW LIFE CHRISTIAN CENTRE OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

**8444 SOUTH U.S. #1
PORT ST. LUCIE FL 34952**

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PORT ST. LUCIE FL 34952**



3. Date Incorporated or Qualified
05/06/1993

3a. Date of Last Report
06/26/1995

4. FEI Number
65-0317305

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

2. Principal Place of Business

2a. Mailing Address

21 8454 SO. U.S. #1

26 8454 SO. U.S. #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PORT ST. LUCIE

27 PORT ST. LUCIE

City & State

City & State

23 FLORIDA

28 FLORIDA

Zip

Country

Zip

Country

24 34952

25

29 34952

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCASKILL, RONALD
1102 PETUNIA AVENUE
PORT ST. LUCIE FL 34952**

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 617.1506, 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD MCCASKILL, RONALD**
STREET ADDRESS **1102 PETUNIA AVENUE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD MCCASKILL, LINDA**
STREET ADDRESS **1102 PETUNIA AVENUE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **STD HOOD, LYNN**
STREET ADDRESS **5841 GILMORE DR**
CITY-ST-ZIP **FAIRFIELD OH**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/96

407 878-8732

Date

Daytime Phone #

CR2E037 (12/95)